Form 1099-R CORRECTED (if checked) 1 Gross distribution 2a Taxable amount				Distrib		2021 m Pensions, etirement or		CORRECTED (if checked) 2a Taxable amount			OMB No. 1545-0119 2021 Distributions From Pensions, Annuities, Retirement or				
\$	\$			Prof	fit-Sharing	Plans, IRAs, ontracts, etc	1	\$	\$			it-Sharing Plan surance Contr	ns, IRAs,		
2b Taxable amount not determined	Total distribution		12 FATCA Fi requirem		of payment	2b Taxable amount not determined		Total distribution			12 FATCA Filing requirement 13 Date of payment				
PAYER'S name, street address, city o	r town, state or pro	ovince, cour	ntry, ZIP o	or foreign	n postal code	, and phone no	- I PAYER'S name, street add I I	dress, city c	or town, state or	province, col	untry, ZIP	or foreign	postal code, and	phone no.	
PAYER'S TIN RECIPIENT'S TI							I PAYER'S TIN			RECIPI	RECIPIENT'S TIN				
3 Capital gain (included	4 Federal inco	income tax withheld			yee contribution	s/Designated	J 3 Capital gain (includ	4 Federal in		ome tax withheld 5 Employee contributions			gnated .		
in box 2a) \$	¢			Hoth c	contributions or in	nsuranče premiums	in box 2a)		¢			Hoth co	ntributions or insurar	ice premiums	
6 Net unrealized appreciation in employer's securities			code(s) IRA/ SEP/ SIMPLE		8 Other		in employer's securities		7 Distributi	7 Distribution code(s)		8 Other		%	
9a Your percentage of total dist	ribution	9b Tota	al emplo	\$ oyee co	ntributions		- I \$ I 9a Your percentage of	of total dis	tribution	9b To	tal empl	\$ oyee cor	tributions		
%						l%			% \$	\$					
							RECIPIENT'S name, str			·					
Account number (see instructions) 11 1st year of desig. Roth contrib			10 Amount allocable to IRR within 5 years			Account number (see instructions)			1 1st year of desig	g. Roth contrib	10 Amount allocable to IRR within 5 years				
14 State tax withheld \$	15 State/Payer's state no.			+			I 14 State tax withheld 15 Sta			State/Payer's state no.			 The state distribution \$ 		
17 Local tax withheld 18 Name of Locality				19 Local distribution			I 17 Local tax withheld	17 Local tax withheld 18 Name of L			ocality 19 Local distrib				
Payer's - State, Local or File Copy Department of the Treasury Internal Revenue Service www.irs.gov/Form1099R							Payer's - State, Local or File Copy					Department of the Treasury Internal Revenue Service www.irs.gov/Form1099R			
Form 1099-R 0 1 Gross distribution \$ 2b Taxable amount not determined PAYER'S name, street address, city o	2a Taxable an \$ Total distribution	Taxable amount			outions Fro nnuities, R fit-Sharing surance Co Ting 13 Date	2021 m Pensions, etirement or Plans, IRAs, ontracts, etc of payment	1 Gross distribution 2 I I I I I I I I I I I I I I I		2a Taxable \$ Total distribution	distribution		OMB No. 1545-0119 2021 Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. 12 FATCA-Fing requirement or foreign postal code, and phone no.			
PAYER'S TIN		RECIPIE	NT'S TI	IN			I I I PAYER'S TIN			RECIPI	ENT'S T	IN			
3 Capital gain (included in box 2a)	4 Federal income tax withheld		5 Employee contributions/Designate Roth contributions or insurance pr		s/Designated nsurance premiums	3 Capital gain (included in box 2a) \$		4 Federal in	al income tax withheld		5 Employee contributions/Designated Roth contributions or insurance premiur		gnated ice premiums		
 Net unrealized appreciation in employer's securities 	7 Distribution code(s) SEP/ SIMPLE		8 Other \$		%	 I ^{\$}/₆ Net unrealized appril I 6 in employer's securit I \$ 	reciation rities	 7 Distributi 	on code(s)	IRA/ SEP/ SIMPLE	8 Other \$		%		
9a Your percentage of total dist		9b Tota	al emplo	oyee co	ntributions		9a Your percentage c	of total dis	tribution	9b To % \$	tal empl	oyee cor	tributions		
RECIPIENT'S name, street address			ce, coun	ntry, and 2	ZIP or foreig	n postal code	RECIPIENT'S name, str	eet address	s, city or town,		ince, cour	ntry, and Z	IP or foreign pos	stal code	
Account number (see instructions)	Account number (see instructions) 11 1st year of desig. Roth contri			10 Amount allocable to IRR within 5 years			Account number (see in) 1	11 1st year of desig. Roth contrib.			10 Amount allocable to IRR within 5 years \$			
14 State tax withheld \$	15 State/Payer's state no.		16 State distribution \$			14 State tax withheld 15 State 1\$ \$			ayer's state	no.	16 State distribution \$				
17 Local tax withheld	18 Name of Locality				cal distribu	tion	I ^u I 17 Local tax withheld								
Payer's - State, Loc	al or File (Сору			Internal Rev	t of the Treasur venue Service v/Form1099R	<mark>Payer's - Stat</mark> _{LR4R} 	e, Loc	al or File	e Copy			Department of th Internal Revenue www.irs.gov/For 5176	Service	

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File Copy A of this form with the IRS by February 28, 2022. If you file electronically, the due date is March 31, 2022. To file electronically, you must have software that generates a file according to the specifications in Pub. 1220. The IRS does not provide a fill-in form option for Copy A.

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