0010

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code	1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
0020 0015 0025 0030 0040 0042 0044	$ 0110	2005	
	2a Taxable amount $ 0120	Form 1099-R	
	2b Taxable amount not determined ☐ 0130	Total distribution ☐ 0140	
PAYER'S Federal identification number 0050	RECIPIENT'S identification number 0060	3 Capital gain (included in box 2a) $ 0150	4 Federal income tax withheld $ 0160
RECIPIENT'S name 0070		5 Employee contributions or insurance premiums $ 0170	6 Net unrealized appreciation in employer's securities $ 0180
Street address (including apt. no.) 0080 0085		7 Distribution code(s) 0190	IRA/ SEP/ SIMPLE ☐ 0200
			8 Other $ 0210 0220
City, state, and ZIP code 0090 0092 0094		9a Your percentage of total distribution 0230 %	9b Total employee contributions $ 0231
Account number (see instructions) 0100	10 State tax withheld $ 0240 $ 0280	11 State/Payer's state no. 0246/0250 0286/0290	12 State distribution $ 0255 $ 0300
	13 Local tax withheld $ 0260 $ 0310	14 Name of locality 0270 0320	15 Local distribution $ 0275 $ 0330

Copy 2

File this copy with your state, city, or local income tax return, when required.

Form **1099-R** Department of the Treasury - Internal Revenue Service

0340