

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			1 Gross distribution		OMB No. 1545-0119		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>
			\$		<div style="font-size: 2em; font-weight: bold;">2023</div>		
			2a Taxable amount				
			\$		Form <b>1099-R</b>		<b>Copy 1</b> <b>For State, City, or Local Tax Department</b>
			2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>		
PAYER'S TIN	RECIPIENT'S TIN		3 Capital gain (included in box 2a)		4 Federal income tax withheld		
			\$		\$		
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code			5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		
			\$		\$		
			7 Distribution code(s)		IRA/ SEP/ SIMPLE <input type="checkbox"/>	8 Other	%
			9a Your percentage of total distribution %		9b Total employee contributions \$		
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>	14 State tax withheld		15 State/Payer's state no.		16 State distribution
\$			\$				\$
Account number (see instructions)		13 Date of payment	17 Local tax withheld		18 Name of locality		19 Local distribution
			\$				\$

Form **1099-R**

[www.irs.gov/Form1099R](http://www.irs.gov/Form1099R)

Department of the Treasury - Internal Revenue Service