

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

\$

2025

2a Taxable amount

\$

Form 1099-R

Distributions From
Pensions, Annuities,
Retirement or
Profit-Sharing Plans,
IRAs, Insurance
Contracts, etc.

Copy 1

For
State, City,
or Local
Tax Department

PAYER'S TIN RECIPIENT'S TIN

2b Taxable amount
not determined

Total
distribution

3 Capital gain (included in
box 2a)

4 Federal income tax
withheld

\$

\$

RECIPIENT'S name

5 Employee contributions/
Designated Roth
contributions or
insurance premiums

6 Net unrealized
appreciation in
employer's securities

\$

\$

Street address (including apt. no.)

7 Distribution
code(s)
IRA/
SEP/
SIMPLE

8 Other

\$ %

9a Your percentage of total
distribution %

9b Total employee contributions

\$

\$

City or town, state or province, country, and ZIP or foreign postal code

10 Amount allocable to IRR
within 5 years

11 1st year of desig.
Roth contrib.

12 FATCA filing
requirement

14 State tax withheld

15 State/Payer's state no.

\$

\$

\$

Account number (see instructions)

13 Date of
payment

17 Local tax withheld

18 Name of locality

\$

\$

\$

16 State distribution

\$

\$

\$

19 Local distribution

\$

\$

\$

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service