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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		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
			\$		<div style="font-size: 2em; font-weight: bold;">2025</div>			
			2a Taxable amount					
			\$		Form 1099-R		Copy 1 For State, City, or Local Tax Department	
			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			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)		8 Other			
			<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">IRA/SEP/SIMPLE</div> <div style="margin-left: 5px;"><input type="checkbox"/></div> </div>		<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">\$</div> <div style="margin-left: 10px;">%</div> </div>			
City or town, state or province, country, and ZIP or foreign postal code			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

Department of the Treasury - Internal Revenue Service