13450422

Form 1099-R	CORRECTED (if checked)	1 Gross distribution	OMD N - 4545 0440	Distributions From
PAYER'S name, street address, city or town, SUNTRUST BANK IAC CHATTANOOGA HAMIL P.O. BOX 4655 MAI ATLANTA GA 30302 866-855-6738	TON CO HOSPITAL	\$ 309790.12 2a Taxable amount \$ 2b Taxable amount not determined	OMB No. 1545-0119 2013 Form 1099-R Total distribution X	Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S federal identification number	er RECIPIENT'S identification number		4 Federal income tax withhel	d 5 Employee contributions /Designated Roth contributions or
59-3482833 080		in box 2a) \$. "	insurance premiums
RECIPIENTS name, street address (including apt. no.) RICHARD D PETERSO 2313 COVEY LANE CHATTANOOGA TN 37		6 Net unrealized appreciation in employer's securities 9a Your percentage of total distribution.	7 Distribution code(s) IRA/ SEP/ G SIMPLI ution 9b Total emp	
		12 State tax withheld	% \$ 13 State/Payer's state no.	14 State distribution
Account number (see instructions) L414700700L000	11 1st year of desig. Roth contrib.	\$ \$	TN	
Copy C For Recipient's Recor This information is being furnished to the Internal Revenue Service.	ā	15 Local tax withheld \$ \$	16 Name of locality	17 Local distribution
the Internal Revenue Service. (keep for your records)	www.irs.gov/form1099r		Department of the Treas	sury - Internal Revenue Service
hamm.			C Annual	
SUNTRUST BANK IAC RETIREMENT SER. CHATTANOOGA HAMILTON CO HOSPITAL P.O. BOX 4655 MAIL CODE 0038 ATLANTA GA 30302 Return Service Requested		08 134504 00001340	22	PRESORTED FIRST CLASS MAIL J.S. POSTAGE PAID SUNTRUST

Important Tax Document Enclosed

First-Class Mail

RICHARD D PETERSON 2313 COVEY LANE CHATTANOOGA TN 37421

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