CORRECTED (If checked)

PAYER'S INFORMATION			1 Gross distribution		OMB No. 1545-0119		Distributions From		
Payer's Name			\$					Р	ensions, Annuities,
			2a Taxable amount		2013			Retirement or	
Street address (including apt. no.)							Profit-S	haring Plans, IRAs,	
	_		\$			Form 1099)-R	Insura	ance Contracts, etc.
City	State	State ZIP code		Taxable amou	Total			Copy B	
			determined			distribution			Report this
Payer's country			3 Capital gain (included		4 Federal income tax		income on your		
	<u> </u>			in box 2a) withheld					federal tax
			\$			\$			return. If this
		RECIPIENT'S identification		Employee con	tributions	6 Net unreali	zed		form shows
number	number		/Designated Roth		appreciation in		federal income		
			contributions or		employer's securities		tax withheld in		
RECIPIENT'S name				insurance prer				box 4, attach	
			\$			\$			this copy to
Street address (including apt. no.)			7	Distribution	IRA/	8 Other			your return.
				code(s)	SEP/				This information is
City	State	ZIP code			SIMPLE				being furnished to
						\$		8	
Recipient's country			98	Your percenta	ge of tota	l 9b Total empl	oyee (contribution	ns Revenue Service.
				distribution	%	\$			
10 Amount allocable to IRR	11 1st year of desig. Roth contrib.		12 State tax withheld		13 State/ Payer's state no.			14 State distribution	
within 5 years			\$			/			\$
\$			\$			/			\$
Account number (see instructions)			15 Local tax withheld			16 Name of locality			17 Local distribution
			\$						\$
			\$						\$

Form **1099-R**

Department of the Treasury - Internal Revenue Service