

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

Marks and Sons
31547 Ryan Junction
Ferryville, NE 23785
555-867-5309

1 Gross distribution

OMB No. 1545-0119

\$ 400.00

2025

2a Taxable amount

\$ 500.00

Form 1099-R

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

2b Taxable amount
not determined Total
distribution **Copy B**

Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

This information is being furnished to the IRS.

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|--|---|--|---|---|---|--|--|
| PAYER'S TIN 00-0786521 | | RECIPIENT'S TIN 000-68-0798 | | 3 Capital gain (included in box 2a) \$ 600.00 | 4 Federal income tax withheld \$ 700.00 | | |
| RECIPIENT'S name Alvera Hoeger | | | | 5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 800.00 | 6 Net unrealized appreciation in employer's securities \$ 900.00 | | |
| Street address (including apt. no.) 91021 Moen Ville | | | | 7 Distribution code(s) IRA/ SEP/ SIMPLE <input checked="" type="checkbox"/> | 8 Other \$ 1000.00 1100.0 % | | |
| City or town, state or province, country, and ZIP or foreign postal code Larryshire, MI 85447 | | | | 9a Your percentage of total distribution 1200.0 % | 9b Total employee contributions \$ 1300.00 | | |
| 10 Amount allocable to IRR within 5 years \$ 200.00 | 11 1st year of desig. Roth contrib. 300 | 12 FATCA filing requirement <input checked="" type="checkbox"/> | 14 State tax withheld \$ 1400.00 | 15 State/Payer's state no. AA/72-691727 | 16 State distribution \$ 1500.00 | | |
| Account number (see instructions) recipientAccountNumber | | 13 Date of payment 09/14/2025 | 17 Local tax withheld \$ 1600.00 | 18 Name of locality Mullermouth | 19 Local distribution \$ 1700.00 | | |

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service