CORRECTED (If checked)										
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			1	Gross distribution	on	OMB No. 1545-0119	' I	Distributions From ensions, Annuities, Retirement or		
Rempel, Greenfelder and Lang 77705 Melanie Path Coreyhaven, TX 66054			\$ 2a	a Taxable amour	400.00 nt	2024	Pr	rofit-Sharing Plans, IRAs, Insurance		
555-867-5309		\$		500.00	Form 1099-R		Contracts, etc.			
			2b Taxable amount not determined		Total distribution	Copy B				
PAYER'S TIN	RECIPIENT'S TIN			Capital gain (inc box 2a)	luded in	4 Federal income withheld	tax	Report this income on your federal tax		
00-0527146	000-43-6331		\$		600.00	\$	700.00	return. If this form shows		
RECIPIENT'S name Gracie Mueller			5	Employee contri Designated Roth contributions or	h	6 Net unrealized appreciation in employer's section	urities	federal income tax withheld in box 4, attach		
			\$	insurance premi	800.00		900.00	this copy to your return.		
Street address (including apt. no.)			7	Distribution code(s)	IRA/ SEP/ SIMPLE	8 Other		your return.		
642 Murphy Keys				0	V	\$ 1000.00	%	This information is being furnished to		
City or town, state or province, country, and ZIP or foreign postal code Port Gabriel, NH 68930			98	Your percentage distribution	e of total %	9b Total employee co	intributions 1100.00	the IRS.		
10 Amount allocable to IRR within 5 years	1 1st year of desig. Roth contrib.	12 FATCA filing requirement	14	4 State tax withh	neld 1200.00	15 State/Payer's : AA/66-4740		16 State distribution \$ 1300.00		
\$ 200.00	300	~	\$		1200.00	AA/00-4740	04	\$		
		13 Date of payment	17		100	18 Name of locali	ty	19 Local distribution		
recipientAccountNumber		payment	\$ \$		1400.00	New Buffy		\$ 1500.00 \$		
4000 D										

Form 1099-R www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service