

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Sample Retirement Fund		1 Gross distribution		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
		\$		2025 Form 1099-R			
		2a Taxable amount					
		\$		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>	Copy 1 For State, City, or Local Tax Department
PAYER'S TIN	RECIPIENT'S TIN	3 Capital gain (included in box 2a)		4 Federal income tax withheld			
ension Way, Retirement City, ST	77-6665554	\$ 15000.00		\$ 13000.00			
RECIPIENT'S name 44-3332221 Street address (including apt. no.) Sarah Doe City or town, state or province, country, and ZIP or foreign postal code 345 Retiree Rd, Retirement Town, ST 78901		5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities			
		\$ 800.00		\$			
		7 Distribution code(s)	IRA/ SEP/ SIMPLE <input type="checkbox"/>	8 Other	\$ %		
		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 \$ 200.00	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