

VOID  CORRECTED

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution		OMB No. 1545-0119		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>	
		\$		<span style="font-size: 2em; font-weight: bold;">2007</span> Form <b>1099-R</b>			
		2a Taxable amount					
\$		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>		<b>Copy 1 For State, City, or Local Tax Department</b>	
PAYER'S federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)		4 Federal income tax withheld			
		\$		\$			
RECIPIENT'S name		5 Employee contributions /Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities			
Street address (including apt. no.)		\$		\$			
City, state, and ZIP code		7 Distribution code(s)		8 Other			
		IRA/SEP/SIMPLE <input type="checkbox"/>		\$ %			
		9a Your percentage of total distribution %		9b Total employee contributions \$			
1st year of desig. Roth contrib.		10 State tax withheld		11 State/Payer's state no.		12 State distribution	
		\$				\$	
		\$				\$	
Account number (see instructions)		13 Local tax withheld		14 Name of locality		15 Local distribution	
		\$				\$	
		\$				\$	

Form **1099-R**

Department of the Treasury — Internal Revenue Service