

CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		\$		2008		
		2a Taxable amount				Form 1099-R
		\$		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>
PAYER'S federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)		4 Federal income tax withheld		This information is being furnished to the Internal Revenue Service.
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.)		7 Distribution code(s)		8 Other		
City, state, and ZIP code		IRA/SEP/SIMPLE <input type="checkbox"/>		\$ %		
		9a Your percentage of total distribution %		9b Total employee contributions \$		12 State distribution \$
1st year of desig. Roth contrib.		10 State tax withheld \$		11 State/Payer's state no.		
Account number (see instructions)		13 Local tax withheld \$		14 Name of locality		15 Local distribution \$

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