

CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution		OMB No. 1545-0119		2009 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		\$					
		2a Taxable amount				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.	
		\$					
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>		This information is being furnished to the Internal Revenue Service.	
PAYER'S federal identification number		RECIPIENT'S identification number		3 Capital gain (included in box 2a)			
		\$		\$			
RECIPIENT'S name		5 Employee contributions /Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		This information is being furnished to the Internal Revenue Service.	
		\$		\$			
Street address (including apt. no.)		7 Distribution code(s)		8 Other		This information is being furnished to the Internal Revenue Service.	
				\$ %			
City, state, and ZIP code		9a Your percentage of total distribution %		9b Total employee contributions		This information is being furnished to the Internal Revenue Service.	
				\$			
		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	
		\$				\$	
		\$				\$	

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