ı	9898	OIOV 🗌		CORRECT	ΓED			
Type or machine print PAYER'S name, st	reet address, city, state,	and ZIP code	Ι.	Gross distribution		OMB No. 1545-0119	Total	Distributions From Profit-Sharing,
			2	Taxable amount		1990	Ind	Retirement Plans, ividual Retirement
			4			_		Arrangements, Insurance
			3	Amount in Box 2 eli	gible for	Statement for Recipients of		Contracts, Etc.
PAYER'S Federal identification number	RECIPIENT'S identifica	ition number	1	capital gain election		4 Federal income tax w	ithheld	Copy A
Type or machine print RECIPIENT'S nam			4	Employee contribut	ions or	Net unrealized appre	ciation	For Internal Revenue
Type or machine print RECIPIENT 3 nam	e		۱	insurance premium		in employer's securit		Service Center For Paperwork
			1		IDA (OFF)	\$		Reduction Act Notice and
Street address			ľ	Distribution code	IRA/SEP			instructions for completing this
City, state, and ZIP code			1.	Other		9 Your percentage of total		form, see
Account number (optional)			10	State income tax wi	% thheld	distribution 11 State/Payer's state r	% number	Forms 1099, 1098, 5498,
Account number (optional)			\$	}				and W-2G.
Form 1099-R	Do N	OT Cut or Se	e Da	arate Forms on 1	This Pag	Department of the 1	reasury -	Internal Revenue Service
	2010	0. 04.0. 0.				,-		
	0.00	□ VOID		CORREC	TED			
Type or machine print PAYER'S name, st	7898 treet address, city, state,		1	Gross distribution	120	OMB No. 1545-0119	Total	Distributions From
Type of modernic prints () and () an	,		4	5		4000		Profit-Sharing, Retirement Plans,
			9	? Taxable amount		1990	Ind	lividual Retirement Arrangements,
						Statement for		Insurance Contracts, Etc.
			F	Amount ın Box 2 eli capital gaın election		Recipients of	ام مامانان	Copy A
PAYER'S Federal identification number	RECIPIENT'S (dentifica	ation number		· 5		4 Federal income tax w	vitrineiu	For Internal
Type or machine print RECIPIENT'S nam	ie		+	Employee contribut		6 Net unrealized appre		Revenue Service Center
			ا	!		s ·		For Paperwork Reduction Act
Street address			7	Distribution code	IRA/SEP			Notice and instructions for
City, state, and ZIP code			+,	3 Other		9 Your percentage		completing this form, see
City, State, and Zir Code			\$		%	of total distribution	%	Instructions for Forms 1099,
Account number (optional)			Ι.	State income tax wi	thheid	11 State/Payer's state r	number	1098, 5498, and W-2G.
Form 1099-R			\$			Department of the 3	Freasury -	Internal Revenue Service
Form 1099-R	Do N	OT Cut or Se	epa	arate Forms on	This Pag	ge	icasary	The That November Co. Vice
	9898	☐ VOID		CORREC	TED			Distributions From
Type or machine print PAYER'S name, st	treet address, city, state,	and ZIP code	3	Gross distribution		OMB No. 1545-0119	lotai	Distributions From Profit-Sharing,
			_	2 Taxable amount		1990	Ind	Retirement Plans, lividual Retirement
			1	5		Statement for		Arrangements, Insurance
				3 Amount in Box 2 eli		Recipients of		Contracts, Etc.
PAYER'S Federal identification number	RECIPIENT'S identifica	ation number	1	capital gain election	1	4 Federal income tax v	vithheld	Copy A For Internal
Type or machine print RECIPIENT'S nam	l		-	5 Employee contribut	tions, or	Net unrealized appre		Revenue
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				insurance premium	IS	ın employer's securi	ties	Service Center For Paperwork
Street address			_	Distribution code	IRA/SEP	\$		Reduction Act Notice and
			ľ					instructions for completing this
City, state, and ZIP code			1.	B Other	۵,	9 Your percentage of total	%	form, see Instructions for
Account number (optional)			10	o State income tax w	ithheld	distribution 11 State/Payer's state		Forms 1099, 1098, 5498,
			14			I		and W-2G

		VOID		TED			
PAYER'S name, street address, city, stat	e, and ZIP code		1 Gross distribution		OMB No. 1545-0119	Total	Distributions From Profit-Sharing,
		Ī	2 Taxable amount		1990	Ind	Retirement Plans, ividual Retirement Arrangements,
			3 Amount in Box 2 eli	gible for	Statement for Recipients of		Insurance Contracts, Etc.
PAYER'S Federal Identification number	RECIPIENT'S identification in	umber	capital gain election	ĩ	4 Federal income tax v	vithheld	
RECIPIENT'S name			5 Employee contribut insurance premium		6 Net unrealized appre in employer's securi		
			\$		\$		Сору 1
Street address			7 Distribution code	IRA/SEP			For State Tax Department
City, state, and ZIP code			8 Other \$	%	9 Your percentage of total distribution	%	
Account number (optional)		1	.0 State income tax wi	thheld	11 State/Payer's state	number	
Form 1099-R		·	<u> </u>		Department of the	Treasury -	Internal Revenue Service
		VOID	CORRECT	TED			
PAYER'S name, street address, city, stat	e, and ZIP code		1 Gross distribution		OMB No. 1545-0119	Total	Distributions From Profit-Sharing,
		l l	2 Taxable amount		1990	Ind	Retirement Plans, ividual Retirement Arrangements,
			3 Amount in Box 2 eli	gible for	Statement for Recipients of		Insurance Contracts, Etc.
PAYER'S Federal Identification number	RECIPIENT'S identification in	number	capital gain election	gible for	4 Federal income tax v	withheld	
RECIPIENT'S name			5 Employee contribut insurance premium		Net unrealized appre in employer's securi		
		,	\$		\$		Сору 1
Street address			7 Distribution code	IRA/SEP			For State Tax Department
City, state, and ZIP code		1	8 Other \$	%	9 Your percentage of total distribution	%	
Account number (optional)			0 State income tax wi	thheld	11 State/Payer's state	number	
Form 1099-R		I	*		Department of the	Treasury -	Internal Revenue Service
		VOID	CORREC	TED			
PAYER'S name, street address, city, star	e, and ZIP code		1 Gross distribution		OMB No. 1545-0119	Total	Distributions From Profit-Sharing,
		ŀ	2 Taxable amount		1990	Ind	Retirement Plans, ividual Retirement
			\$		Statement for		Arrangements, Insurance
			3 Amount in Box 2 eli capital gain election		Recipients of	<u> </u>	Contracts, Etc.
PAYER'S Federal Identification number	RECIPIENT'S Identification r	number	\$		4 Federal income tax v	withheld	
RECIPIENT'S name			5 Employee contribut insurance premium		6 Net unrealized appro in employer's securi		
.		ļ	\$	IDA /055	\$		Copy 1
Street address			7 Distribution code	IRA/SEP			For State Tax Department
City, state, and ZIP code		Ī	8 Other	%	9 Your percentage of total distribution	%	
Account number (optional)			10 State income tax wi		11 State/Payer's state		
•			111				

		CORREC	TED (if	checked)		
PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution \$ 2 Taxable amount		омв No. 1545-0119		Distributions From Profit-Sharing, Retirement Plans, ividual Retirement
		3 Amount in Box 2 eligible for capital gain election		Statement for Recipients of		Arrangements, Insurance Contracts, Etc.
PAYER'S Federal Identification number	RECIPIENT'S identification number	\$	11	4 Federal Income tax	withheld	O D
RECIPIENT'S name		5 Employee contributionsurance premium		6 Net unrealized appre in employer's securit		Copy B For Recipient
Street address		\$ 7 Distribution code	IRA/SEP	\$		This information is being furnished to the Internal Revenue Service.
City, state, and ZIP code		8 Other	%	9 Your percentage of total distribution	%	
Account number (optional)		10 State income tax w		11 State/Payer's state	number	
Form 1099-R		1		Department of the	Treasury -	Internal Revenue Service
		CORREC	TED (if	checked)		
PAYER'S name, street address, city, stat	e, and ZIP code	1 Gross distribution		OMB No. 1545-0119	Total	Profit-Sharing,
		2 Taxable amount		1990	Ind	Retirement Plans, ividual Retirement Arrangements,
		3 Amount in Box 2 el	igible for	Statement for Recipients of		Insurance Contracts, Etc.
PAYER'S Federal identification number	RECIPIENT'S Identification number	capital gain election		4 Federal income tax	withheld	
RECIPIENT'S name		5 Employee contributionsurance premium		Net unrealized appre in employer's security		Copy B For Recipient
		\$		\$	This info	
Street address		7 Distribution code	IRA/SEP			is being furnished to the Internal Revenue Service.
City, state, and ZIP code		8 Other	0/	9 Your percentage of total	%	Trovollad dolvido.
Account number (optional)		\$ 10 State income tax w	ithheld	distribution 11 State/Payer's state		
Form 1099-R		\$		Department of the	Treasury -	Internal Revenue Service
		CORREC	TED (if	checked)		
PAYER'S name, street address, city, sta	te, and ZIP code	1 Gross distribution		OMB No. 1545-0119	Total	Distributions From Profit-Sharing,
		2 Taxable amount		1990	Ind	Retirement Plans, Iividual Retirement
		\$ ////////////////////////////////////		Statement for		Arrangements, Insurance Contracts, Etc.
PAYER'S Federal identification number	RECIPIENT'S Identification number	3 Amount in Box 2 el capital gain electio		Recipients of 4 Federal income tax	withheld	0000.0, 210
RECIPIENT'S name		\$ 5 Employee contribu		\$ 6 Net unrealized appre		Copy B For Recipient
		insurance premium	is	ın employer's securii	lies	This information
Street address		7 Distribution code	IRA/SEP			is being furnished to the Internal Revenue Service.
City, state, and ZIP code		8 Other		9 Your percentage of total		Revenue Service.
Account number (optional)		\$ 10 State income tax w	ithheld	distribution 11 State/Payer's state	% number	
				·		

Eligible Rollover Distribution.—If this is an eligible rollover distribution, the plan administrator is required to furnish to you an explanation of the rollover provisions of the law and, if applicable, the 5-year/10-year averaging provisions. Each of these provisions could affect the amount of tax you pay on this distribution. See Pub. 575, Pension and Annuity Income (Including Simplified General Rule), for more information about these provisions.

IRAs.—For distributions from an individual retirement arrangement (IRA) or simplified employee pension (SEP), generally the payer is not required to compute the taxable amount. Therefore, the amounts in Boxes 1 and 2 may be the same. See Pub. 590, Individual Retirement Arrangements (IRAs), and Form 8606, Nondeductible IRA Contributions, IRA Basis, and Nontaxable IRA Distributions, to determine the taxable amount.

Death Benefit Exclusion.—If you receive a plan distribution as the beneficiary of a deceased employee, you may be entitled to a "death benefit exclusion" of up to \$5,000. See Pub. 575.

Excess Distributions.—If the amount you received is more than \$122,580, you may owe an excise tax. See Form 5329, Return for Additional Taxes Attributable to Qualified Retirement Plans (Including IRAs), Annuities, and Modified Endowment Contracts.

Box 1.—The total amount of the distribution. If you receive a death benefit payment that is not part of a pension, profit-sharing, or retirement plan as a beneficiary from the employer of a deceased employee, the amount will be shown in this box and Box 2, and Code 4 will be shown in Box 7 See **Pub. 525**, Taxable and Nontaxable Income.

If an insurance contract has been transferred to another trustee, an amount will be shown in this box and Code 6 will be shown in Box 7

Box 2.—This part of the distribution is generally taxable and may be eligible for a special 5-year/10-year averaging method. See **Form 4972**, Tax on Lump-Sum Distributions, for more information. 5-year/10-year averaging does not apply to IRAs.

Box 3.—You may be able to elect to treat this part of the distribution as a capital gain. See the instructions for Form 1040 for information about this distribution.

Eligible Rollover Distribution.—If this is an eligible rollover distribution, the plan administrator is required to furnish to you an explanation of the rollover provisions of the law and, if applicable, the 5-year/10-year averaging provisions. Each of these provisions could affect the amount of tax you pay on this distribution. See Pub. 575, Pension and Annuity Income (Including Simplified General Rule), for more information about these provisions.

IRAs.—For distributions from an individual retirement arrangement (IRA) or simplified employee pension (SEP), generally the payer is not required to compute the taxable amount. Therefore, the amounts in Boxes 1 and 2 may be the same. See Pub. 590, Individual Retirement Arrangements (IRAs), and Form 8606, Nondeductible IRA Contributions, IRA Basis, and Nontaxable IRA Distributions, to determine the taxable amount.

Death Benefit Exclusion.—If you receive a plan distribution as the beneficiary of a deceased employee, you may be entitled to a "death benefit exclusion" of up to \$5,000. See Pub. 575.

Excess Distributions.—If the amount you received is more than \$122,580, you may owe an excise tax. See **Form 5329**, Return for Additional Taxes Attributable to Qualified Retirement Plans (Including IRAs), Annuities, and Modified Endowment Contracts.

Box 1.—The total amount of the distribution. If you receive a death benefit payment that is not part of a pension, profit-sharing, or retirement plan as a beneficiary from the employer of a deceased employee, the amount will be shown in this box and Box 2, and Code 4 will be shown in Box 7 See **Pub. 525**, Taxable and Nontaxable Income.

If an insurance contract has been transferred to another trustee, an amount will be shown in this box and Code 6 will be shown in Box 7 $\,$

Box 2.—This part of the distribution is generally taxable and may be eligible for a special 5-year/10-year averaging method. See **Form 4972**, Tax on Lump-Sum Distributions, for more information. 5-year/10-year averaging does not apply to IRAs.

Box 3.—You may be able to elect to treat this part of the distribution as a capital gain. See the instructions for Form 1040 for information about this distribution.

Eligible Rollover Distribution.—If this is an eligible rollover distribution, the plan administrator is required to furnish to you an explanation of the rollover provisions of the law and, if applicable, the 5-year/10-year averaging provisions. Each of these provisions could affect the amount of tax you pay on this distribution. See Pub. 575, Pension and Annuity Income (Including Simplified General Rule), for more information about these provisions.

IRAs.—For distributions from an individual retirement arrangement (IRA) or simplified employee pension (SEP), generally the payer is not required to compute the taxable amount. Therefore, the amounts in Boxes 1 and 2 may be the same. See Pub. 590, Individual Retirement Arrangements (IRAs), and Form 8606, Nondeductible IRA Contributions, IRA Basis, and Nontaxable IRA Distributions, to determine the taxable amount.

Death Benefit Exclusion.—If you receive a plan distribution as the beneficiary of a deceased employee, you may be entitled to a "death benefit exclusion" of up to \$5,000. See Pub. 575.

Excess Distributions.—If the amount you received is more than \$122,580, you may owe an excise tax. See Form 5329, Return for Additional Taxes Attributable to Qualified Retirement Plans (Including IRAs), Annuities, and Modified Endowment Contracts.

Box 1.—The total amount of the distribution. If you receive a death benefit payment that is not part of a pension, profit-sharing, or retirement plan as a beneficiary from the employer of a deceased employee, the amount will be shown in this box and Box 2, and Code 4 will be shown in Box 7 See **Pub. 525**, Taxable and Nontaxable Income.

If an insurance contract has been transferred to another trustee, an amount will be shown in this box and Code 6 will be shown in Box 7

Box 2.—This part of the distribution is generally taxable and may be eligible for a special 5-year/10-year averaging method. See **Form 4972**, Tax on Lump-Sum Distributions, for more information. 5-year/10-year averaging does not apply to IRAs.

Box 3.—You may be able to elect to treat this part of the distribution as a capital gain. See the instructions for Form 1040 for information about this distribution.

Box 4.—This is the amount of Federal income tax withheld on the distribution. Include this on your income tax return as tax withheld.

Box 5.—Amounts contributed or considered contributed by the individual that were not deductible or excludable by the individual when the contribution was made (minus nontaxable amounts previously distributed) are not taxable to the individual when distributed. This box will **not** show any contributions to an IRA or SEP but will show premiums paid on commercial annuities or insurance contracts.

Box 6.—If the distribution consists in part of securities of your employer's corporation, and the distribution is a lump-sum distribution, the net unrealized appreciation in these securities is taxed only when you sell the securities unless you elect otherwise.

Box 7.—The code(s) listed identifies the distribution you received, as follows:

1—Early (premature) distribution, no known exception (See Form 5329. For a rollover of the entire distribution, do not file Form 5329. See Form 1040 instructions.); 2—Early (premature) distribution exception applies; 3—Disability; 4—Death (includes payments to a beneficiary); 5—Prohibited transactions; 6—Section 1035 exchange; 7—Normal distribution; 8—Excess contributions plus earnings/excess deferrals (and/or earnings) taxable in 1990; 9—PS 58 costs; P—Excess contributions plus earnings/excess deferrals taxable in 1989; A—Qualifies for 5-year/10-year averaging; B—Qualifies for death benefit exclusion; C—Qualifies for both A and B; D—Excess contributions plus earnings/excess deferrals taxable in 1988.

If the IRA/SEP box is checked, you have received an IRA or SEP distribution.

Box 8.—If you receive an annuity contract as part of a distribution, the value of the contract is not taxable when you receive it. When you receive periodic payments from the annuity contract, they are taxable at that time. If the distribution is made to more than one person, the dollar amount and the percentage of the annuity contract distributed to you are shown in this box. You will need this information if you elect the special 5-year/10-year averaging method.

Box 9.—If the total distribution is made to more than one person, the percentage you received is shown here.

Box 4.—This is the amount of Federal income tax withheld on the distribution. **Include** this on your income tax return as tax withheld.

Box 5.—Amounts contributed or considered contributed by the individual that were not deductible or excludable by the individual when the contribution was made (minus nontaxable amounts previously distributed) are not taxable to the individual when distributed. This box will **not** show any contributions to an IRA or SEP but will show premiums paid on commercial annuities or insurance contracts.

Box 6.—If the distribution consists in part of securities of your employer's corporation, and the distribution is a lump-sum distribution, the net unrealized appreciation in these securities is taxed only when you sell the securities unless you elect otherwise.

Box 7.—The code(s) listed identifies the distribution you received, as follows:

1—Early (premature) distribution, no known exception (See Form 5329. For a rollover of the entire distribution, do not file Form 5329. See Form 1040 instructions.); 2—Early (premature) distribution exception applies; 3—Disability; 4—Death (includes payments to a beneficiary); 5—Prohibited transactions; 6—Section 1035 exchange; 7—Normal distribution; 8—Excess contributions plus earnings/excess deferrals (and/or earnings) taxable in 1990; 9—PS 58 costs; P—Excess contributions plus earnings/excess deferrals taxable in 1989; A—Qualifies for 5-year/10-year averaging; B—Qualifies for detath benefit exclusion; C—Qualifies for both A and B; D—Excess contributions plus earnings/excess deferrals taxable in 1988.

If the IRA/SEP box is checked, you have received an IRA or SEP distribution.

Box 8.—If you receive an annuity contract as part of a distribution, the value of the contract is not taxable when you receive it. When you receive periodic payments from the annuity contract, they are taxable at that time. If the distribution is made to more than one person, the dollar amount and the percentage of the annuity contract distributed to you are shown in this box. You will need this information if you elect the special 5-year/10-year averaging method.

Box 9.—If the total distribution is made to more than one person, the percentage you received is shown here.

Box 4.—This is the amount of Federal income tax withheld on the distribution. Include this on your income tax return as tax withheld.

Box 5.—Amounts contributed or considered contributed by the individual that were not deductible or excludable by the individual when the contribution was made (minus nontaxable amounts previously distributed) are not taxable to the individual when distributed. This box will **not** show any contributions to an IRA or SEP but will show premiums paid on commercial annuities or insurance contracts.

Box 6.—If the distribution consists in part of securities of your employer's corporation, and the distribution is a lump-sum distribution, the net unrealized appreciation in these securities is taxed only when you sell the securities unless you elect otherwise.

Box 7.—The code(s) listed identifies the distribution you received, as follows:

1—Early (premature) distribution, no known exception (See Form 5329. For a rollover of the entire distribution, do not file Form 5329. See Form 1040 instructions.); 2—Early (premature) distribution exception applies; 3—Disability; 4—Death (includes payments to a beneficiary); 5—Prohibited transactions; 6—Section 1035 exchange; 7—Normal distribution; 8—Excess contributions plus earnings/excess deferrals (and/or earnings) taxable in 1990; 9—PS 58 costs; P—Excess contributions plus earnings/excess deferrals taxable in 1989; 4—Qualifies for 5-year/10-year averaging; B—Qualifies for death benefit exclusion; C—Qualifies for both A and B; D—Excess contributions plus earnings/excess deferrals taxable in 1988.

If the IRA/SEP box is checked, you have received an IRA or SEP distribution.

Box 8.—If you receive an annuity contract as part of a distribution, the value of the contract is not taxable when you receive it. When you receive periodic payments from the annuity contract, they are taxable at that time. If the distribution is made to more than one person, the dollar amount and the percentage of the annuity contract distributed to you are shown in this box. You will need this information if you elect the special 5-year/10-year averaging method.

Box 9.—If the total distribution is made to more than one person, the percentage you received is shown here.

	CORREC	TED (if c	checked)			
PAYER'S name, street address, city, state, and ZIP code	1 Gross distribution \$ 2 Taxable amount		OMB No. 1545-0119		Distributions From Profit-Sharing Retirement Plans lividual Retiremen Arrangements	
	3 Amount in Box 2 el	igible for	Statement for Recipients of		Insurance Contracts, Etc.	
PAYER'S Federal Identification number RECIPIENT'S Identification	capital gain election	n	4 Federal income tax v	vithheld		
RECIPIENT'S name	5 Employee contribu		6 Net unrealized appreciation in employer's securities		Copy 2 To be filed	
Street address	\$ 7 Distribution code	IRA/SEP	\$		with recipient's state income	
City, state, and ZIP code	8 Other	%	9 Your percentage of total distribution	<i> </i>	tax return, when required.	
Account number (optional)	10 State income tax w		11 State/Payer's state		requireu.	
Form 1099-R	\$		Department of the	Treasury -	Internal Revenue Service	
			·	·		
	☐ CORREC	TED (if o	checked)			
PAYER'S name, street address, city, state, and ZIP code	1 Gross distribution		OMB No. 1545-0119	Totaí	Profit-Sharing,	
	2 Taxable amount		1990	Ind	Retirement Plans, lividual Retirement Arrangements,	
	3 Amount in Box 2 el		Statement for Recipients of		Insurance Contracts, Etc.	
PAYER'S Federal Identification number RECIPIENT'S Identification	capital gain electio	n	4 Federal income tax v	withheld		
RECIPIENT'S name	5 Employee contribu		6 Net unrealized appre		Copy 2 To be filed with	
Street address	\$ 7 Distribution code	IRA/SEP	\$		recipient's state income	
City, state, and ZIP code	8 Other	%	9 Your percentage of total distribution	%	tax return, when required.	
Account number (optional)	10 State income tax w	ithheld	11 State/Payer's state	number		
Form 1099-R	ΙΨ		Department of the	Treasury -	Internal Revenue Service	
	☐ CORREC	TED (if o	checked)			
PAYER'S name, street address, city, state, and ZIP code	1 Gross distribution		OMB No. 1545-0119	Total	Distributions From Profit-Sharing,	
	2 Taxable amount		1990	Inc	Retirement Plans, lividual Retirement Arrangements,	
	3 Amount in Box 2 ei		Statement for Recipients of		Insurance Contracts, Etc.	
PAYER'S Federal identification number RECIPIENT'S identification	capital gain electio	'n	4 Federal income tax	withheld		
RECIPIENT'S name	5 Employee contribu	tions or ns	6 Net unrealized approun employer's securi		Copy 2 To be filed	
Street address	\$ 7 Distribution code	IRA/SEP	\$		with recipient's state income	
City, state, and ZIP code	8 Other		9 Your percentage of total	<u> </u>	tax return, when	
Account number (optional)	10 State income tax w	/ithheld	distribution 11 State/Payer's state	% number	required.	

	□ vo	ID	CORRECT	ΓED			
PAYER'S name, street address, city, stat	e, and ZIP code	1	Gross distribution		OMB No. 1545-0119	Total	Distributions From Profit-Sharing,
			2 Taxable amount		1990	Ind	Retirement Plans, ividual Retirement Arrangements,
			3 Amount in Box 2 eli	gible for	Statement for Recipients of		Insurance Contracts, Etc.
PAYER'S Federal identification number	RECIPIENT'S Identification number		capital gain election		4 Federal income tax v	vithheld	Сору С
RECIPIENT'S name			5 Employee contribut insurance premium		6 Net unrealized appre in employer's securit		For Payer For Paperwork Reduction Act
Street address		7	7 Distribution code	IRA/SEP	\$		Notice and instructions for completing this
City, state, and ZIP code		£	3 Other	<u> </u>	Your percentage of total distribution	<i>/////////////////////////////////////</i>	form, see Instructions for Forms 1099,
Account number (optional)			State income tax wi		11 State/Payer's state		1098, 5498, and W-2G.
Form 1099-R				1 11	Department of the 1	Treasury -	Internal Revenue Service
	vo	ID	CORREC	TED		1 T.4.1	Distributions From
PAYER'S name, street address, city, stat	e, and ZIP code	1	1 Gross distribution		OMB No. 1545-0119	Iotai	Distributions From Profit-Sharing, Retirement Plans.
		- 1	2 Taxable amount		1990	Ind	ividual Retirement Arrangements,
		3	3 Amount in Box 2 eli		Statement for Recipients of		Insurance Contracts, Etc.
PAYER'S Federal identification number	RECIPIENT'S identification number	1	capital gaın electior	1	4 Federal income tax v	withheld	Copy C
RECIPIENT'S name		٤	5 Employee contribut insurance premium		6 Net unrealized appre in employer's securif		For Payer For Paperwork Reduction Act
Street address		_	Distribution code	IRA/SEP	\$		Notice and instructions for completing this
City, state, and ZIP code			8 Other	۸,	9 Your percentage of total	<i>/////////////////////////////////////</i>	form, see Instructions for Forms 1099.
Account number (optional)		10	O State income tax wi	thheld	distribution 11 State/Payer's state		1098, 5498, and W-2G.
Form 1099-R		14	<u> </u>		Department of the	Treasury -	Internal Revenue Service
	□ vo	ID	CORREC	TED			
PAYER'S name, street address, city, star	e, and ZIP code		1 Gross distribution		OMB No. 1545-0119	Total	Distributions From Profit-Sharing,
		7	2 Taxable amount		1990	Ind	Retirement Plans, lividual Retirement Arrangements,
		3	3 Amount in Box 2 eli		Statement for Recipients of		Insurance Contracts, Etc.
PAYER'S Federal identification number	RECIPIENT'S Identification number		capital gaın electior	1	4 Federal income tax v	withheld	Сору С
RECIPIENT'S name			5 Employee contribut insurance premium		6 Net unrealized appre in employer's securit		For Payer For Paperwork Reduction Act
Street address		_	\$ 7 Distribution code	IRA/SEP	\$		Notice and instructions for completing this
City, state, and ZIP code		1 9	8 Other	<u> </u>	9 Your percentage of total distribution	<i>/////////////////////////////////////</i>	form, see Instructions for Forms 1099,
Account number (optional)			O State income tax wi		11 State/Payer's state		1098, 5498, and W-2G.