9898 ☐ VOID ☐ CORRECTED

Type or machine print PAYER'S name, street address, city, state, and ZIP code	1 Gross distribution $	OMB No. 1545-0119 **1990** Statement for Recipients of	**Total Distributions From Profit-Sharing, Retirement Plans, Individual Retirement Arrangements, Insurance Contracts, Etc.**	
	2 Taxable amount $			
PAYER'S Federal identification number / RECIPIENT'S identification number	3 Amount in Box 2 eligible for capital gain election $	4 Federal income tax withheld $	**Copy A For Internal Revenue Service Center** For Paperwork Reduction Act Notice and instructions for completing this form, see Instructions for Forms 1099, 1098, 5498, and W-2G.	
Type or machine print RECIPIENT'S name	5 Employee contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $		
Street address	7 Distribution code / IRA/SEP ☐			
City, state, and ZIP code	8 Other $ %	9 Your percentage of total distribution %		
Account number (optional)	10 State income tax withheld $	11 State/Payer's state number		

Form **1099-R** Department of the Treasury - Internal Revenue Service

Do NOT Cut or Separate Forms on This Page

9898 ☐ VOID ☐ CORRECTED

Type or machine print PAYER'S name, street address, city, state, and ZIP code	1 Gross distribution $	OMB No. 1545-0119 **1990** Statement for Recipients of	**Total Distributions From Profit-Sharing, Retirement Plans, Individual Retirement Arrangements, Insurance Contracts, Etc.**	
	2 Taxable amount $			
PAYER'S Federal identification number / RECIPIENT'S identification number	3 Amount in Box 2 eligible for capital gain election $	4 Federal income tax withheld $	**Copy A For Internal Revenue Service Center** For Paperwork Reduction Act Notice and instructions for completing this form, see Instructions for Forms 1099, 1098, 5498, and W-2G.	
Type or machine print RECIPIENT'S name	5 Employee contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $		
Street address	7 Distribution code / IRA/SEP ☐			
City, state, and ZIP code	8 Other $ %	9 Your percentage of total distribution %		
Account number (optional)	10 State income tax withheld $	11 State/Payer's state number		

Form **1099-R** Department of the Treasury - Internal Revenue Service

Do NOT Cut or Separate Forms on This Page

9898 ☐ VOID ☐ CORRECTED

Type or machine print PAYER'S name, street address, city, state, and ZIP code	1 Gross distribution $	OMB No. 1545-0119 **1990** Statement for Recipients of	**Total Distributions From Profit-Sharing, Retirement Plans, Individual Retirement Arrangements, Insurance Contracts, Etc.**	
	2 Taxable amount $			
PAYER'S Federal identification number / RECIPIENT'S identification number	3 Amount in Box 2 eligible for capital gain election $	4 Federal income tax withheld $	**Copy A For Internal Revenue Service Center** For Paperwork Reduction Act Notice and instructions for completing this form, see Instructions for Forms 1099, 1098, 5498, and W-2G.	
Type or machine print RECIPIENT'S name	5 Employee contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $		
Street address	7 Distribution code / IRA/SEP ☐			
City, state, and ZIP code	8 Other $ %	9 Your percentage of total distribution %		
Account number (optional)	10 State income tax withheld $	11 State/Payer's state number		

Form **1099-R** Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code	1 Gross distribution $ 2 Taxable amount $	OMB No. 1545-0119 **1990** Statement for Recipients of	**Total Distributions From Profit-Sharing, Retirement Plans, Individual Retirement Arrangements, Insurance Contracts, Etc.**
PAYER'S Federal identification number / RECIPIENT'S identification number	3 Amount in Box 2 eligible for capital gain election $	4 Federal income tax withheld $	
RECIPIENT'S name	5 Employee contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	**Copy 1 For State Tax Department**
Street address	7 Distribution code / IRA/SEP ☐		
City, state, and ZIP code	8 Other $ %	9 Your percentage of total distribution %	
Account number (optional)	10 State income tax withheld $	11 State/Payer's state number	

Form **1099-R** Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code	1 Gross distribution $ 2 Taxable amount $	OMB No. 1545-0119 **1990** Statement for Recipients of	**Total Distributions From Profit-Sharing, Retirement Plans, Individual Retirement Arrangements, Insurance Contracts, Etc.**
PAYER'S Federal identification number / RECIPIENT'S identification number	3 Amount in Box 2 eligible for capital gain election $	4 Federal income tax withheld $	
RECIPIENT'S name	5 Employee contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	**Copy 1 For State Tax Department**
Street address	7 Distribution code / IRA/SEP ☐		
City, state, and ZIP code	8 Other $ %	9 Your percentage of total distribution %	
Account number (optional)	10 State income tax withheld $	11 State/Payer's state number	

Form **1099-R** Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code	1 Gross distribution $ 2 Taxable amount $	OMB No. 1545-0119 **1990** Statement for Recipients of	**Total Distributions From Profit-Sharing, Retirement Plans, Individual Retirement Arrangements, Insurance Contracts, Etc.**
PAYER'S Federal identification number / RECIPIENT'S identification number	3 Amount in Box 2 eligible for capital gain election $	4 Federal income tax withheld $	
RECIPIENT'S name	5 Employee contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	**Copy 1 For State Tax Department**
Street address	7 Distribution code / IRA/SEP ☐		
City, state, and ZIP code	8 Other $ %	9 Your percentage of total distribution %	
Account number (optional)	10 State income tax withheld $	11 State/Payer's state number	

Form **1099-R** Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code	1 Gross distribution $ 2 Taxable amount $	OMB No. 1545-0119 **1990** Statement for Recipients of	**Total Distributions From Profit-Sharing, Retirement Plans, Individual Retirement Arrangements, Insurance Contracts, Etc.**
PAYER'S Federal identification number / RECIPIENT'S identification number	3 Amount in Box 2 eligible for capital gain election $	**4 Federal income tax withheld** $	**Copy B** **For Recipient** This information is being furnished to the Internal Revenue Service.
RECIPIENT'S name	5 Employee contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address	7 Distribution code / IRA/SEP ☐		
City, state, and ZIP code	8 Other $ / %	9 Your percentage of total distribution %	
Account number (optional)	10 State income tax withheld $	11 State/Payer's state number	

Form **1099-R** Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code	1 Gross distribution $ 2 Taxable amount $	OMB No. 1545-0119 **1990** Statement for Recipients of	**Total Distributions From Profit-Sharing, Retirement Plans, Individual Retirement Arrangements, Insurance Contracts, Etc.**
PAYER'S Federal identification number / RECIPIENT'S identification number	3 Amount in Box 2 eligible for capital gain election $	**4 Federal income tax withheld** $	**Copy B** **For Recipient** This information is being furnished to the Internal Revenue Service.
RECIPIENT'S name	5 Employee contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address	7 Distribution code / IRA/SEP ☐		
City, state, and ZIP code	8 Other $ / %	9 Your percentage of total distribution %	
Account number (optional)	10 State income tax withheld $	11 State/Payer's state number	

Form **1099-R** Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code	1 Gross distribution $ 2 Taxable amount $	OMB No. 1545-0119 **1990** Statement for Recipients of	**Total Distributions From Profit-Sharing, Retirement Plans, Individual Retirement Arrangements, Insurance Contracts, Etc.**
PAYER'S Federal identification number / RECIPIENT'S identification number	3 Amount in Box 2 eligible for capital gain election $	**4 Federal income tax withheld** $	**Copy B** **For Recipient** This information is being furnished to the Internal Revenue Service.
RECIPIENT'S name	5 Employee contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address	7 Distribution code / IRA/SEP ☐		
City, state, and ZIP code	8 Other $ / %	9 Your percentage of total distribution %	
Account number (optional)	10 State income tax withheld $	11 State/Payer's state number	

Form **1099-R** Department of the Treasury - Internal Revenue Service

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.

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.

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.

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code	1 Gross distribution $	OMB No. 1545-0119 **1990** Statement for Recipients of	**Total Distributions From Profit-Sharing, Retirement Plans, Individual Retirement Arrangements, Insurance Contracts, Etc.**
	2 Taxable amount $		
PAYER'S Federal identification number | RECIPIENT'S identification number	3 Amount in Box 2 eligible for capital gain election $	4 Federal income tax withheld $	**Copy 2 To be filed with recipient's state income tax return, when required.**
RECIPIENT'S name	5 Employee contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address	7 Distribution code | IRA/SEP ☐		
City, state, and ZIP code	8 Other $ | %	9 Your percentage of total distribution %	
Account number (optional)	10 State income tax withheld $	11 State/Payer's state number	

Form **1099-R** Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code	1 Gross distribution $	OMB No. 1545-0119 **1990** Statement for Recipients of	**Total Distributions From Profit-Sharing, Retirement Plans, Individual Retirement Arrangements, Insurance Contracts, Etc.**
	2 Taxable amount $		
PAYER'S Federal identification number | RECIPIENT'S identification number	3 Amount in Box 2 eligible for capital gain election $	4 Federal income tax withheld $	**Copy 2 To be filed with recipient's state income tax return, when required.**
RECIPIENT'S name	5 Employee contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address	7 Distribution code | IRA/SEP ☐		
City, state, and ZIP code	8 Other $ | %	9 Your percentage of total distribution %	
Account number (optional)	10 State income tax withheld $	11 State/Payer's state number	

Form **1099-R** Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code	1 Gross distribution $	OMB No. 1545-0119 **1990** Statement for Recipients of	**Total Distributions From Profit-Sharing, Retirement Plans, Individual Retirement Arrangements, Insurance Contracts, Etc.**
	2 Taxable amount $		
PAYER'S Federal identification number | RECIPIENT'S identification number	3 Amount in Box 2 eligible for capital gain election $	4 Federal income tax withheld $	**Copy 2 To be filed with recipient's state income tax return, when required.**
RECIPIENT'S name	5 Employee contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address	7 Distribution code | IRA/SEP ☐		
City, state, and ZIP code	8 Other $ | %	9 Your percentage of total distribution %	
Account number (optional)	10 State income tax withheld $	11 State/Payer's state number	

Form **1099-R** Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution $	OMB No. 1545-0119 **1990** Statement for Recipients of	**Total Distributions From Profit-Sharing, Retirement Plans, Individual Retirement Arrangements, Insurance Contracts, Etc.**
		2 Taxable amount $		
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Amount in Box 2 eligible for capital gain election $	4 Federal income tax withheld $	**Copy C For Payer** For Paperwork Reduction Act Notice and instructions for completing this form, see Instructions for Forms 1099, 1098, 5498, and W-2G.
RECIPIENT'S name		5 Employee contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address		7 Distribution code | IRA/SEP ☐		
City, state, and ZIP code		8 Other $ | %	9 Your percentage of total distribution %	
Account number (optional)		10 State income tax withheld $	11 State/Payer's state number	

Form **1099-R** Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution $	OMB No. 1545-0119 **1990** Statement for Recipients of	**Total Distributions From Profit-Sharing, Retirement Plans, Individual Retirement Arrangements, Insurance Contracts, Etc.**
		2 Taxable amount $		
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Amount in Box 2 eligible for capital gain election $	4 Federal income tax withheld $	**Copy C For Payer** For Paperwork Reduction Act Notice and instructions for completing this form, see Instructions for Forms 1099, 1098, 5498, and W-2G.
RECIPIENT'S name		5 Employee contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address		7 Distribution code | IRA/SEP ☐		
City, state, and ZIP code		8 Other $ | %	9 Your percentage of total distribution %	
Account number (optional)		10 State income tax withheld $	11 State/Payer's state number	

Form **1099-R** Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution $	OMB No. 1545-0119 **1990** Statement for Recipients of	**Total Distributions From Profit-Sharing, Retirement Plans, Individual Retirement Arrangements, Insurance Contracts, Etc.**
		2 Taxable amount $		
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Amount in Box 2 eligible for capital gain election $	4 Federal income tax withheld $	**Copy C For Payer** For Paperwork Reduction Act Notice and instructions for completing this form, see Instructions for Forms 1099, 1098, 5498, and W-2G.
RECIPIENT'S name		5 Employee contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address		7 Distribution code | IRA/SEP ☐		
City, state, and ZIP code		8 Other $ | %	9 Your percentage of total distribution %	
Account number (optional)		10 State income tax withheld $	11 State/Payer's state number	

Form **1099-R** Department of the Treasury - Internal Revenue Service