

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.			1 Gross distribution		OMB No. 1545-0119		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>		
			\$ 74,000.00		<b>2019</b> Form <b>1099-R</b>				
			2a Taxable amount						
			\$ 74,000.00						
			2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>		<b>Copy 1</b> For State, City, or Local Tax Department		
PAYER'S TIN		RECIPIENT'S TIN		3 Capital gain (included in box 2a)		4 Federal income tax withheld			
51-7775926				\$		\$ 8,950			
RECIPIENT'S name  Robert Jones  Street address (including apt. no.)  820 N. French Street  City or town, state or province, country, and ZIP or foreign postal code Wilmington, DE 19899			5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities				
			\$		\$				
			7 Distribution code(s)		IRA/ SEP/ SIMPLE		8 Other		
			7 7		<input type="checkbox"/>		\$ %		
			9a Your percentage of total distribution %		9b Total employee contributions				
			\$ %		\$				
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.		FATCA filing requirement		12 State tax withheld		13 State/Payer's state no.	
\$				<input type="checkbox"/>		\$ 3,700		DE	
Account number (see instructions)		Date of payment		15 Local tax withheld		16 Name of locality		17 Local distribution	
				\$				\$	
				\$				\$	

Form **1099-R**

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service