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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		2019 Form 1099-R Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
		\$ 74,000.00					
		2a Taxable amount		Form 1099-R			
		\$ 74,000.00		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>	
PAYER'S TIN	RECIPIENT'S TIN		3 Capital gain (included in box 2a)		4 Federal income tax withheld		Copy 1 For State, City, or Local Tax Department
51-7775926			\$		\$ 8,950		
RECIPIENT'S name Robert Jones		5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities			
		\$		\$			
Street address (including apt. no.) 820 N. French Street		7 Distribution code(s)		IRA/SEP/SIMPLE		8 Other	
		7		<input type="checkbox"/>		\$ %	
City or town, state or province, country, and ZIP or foreign postal code Wilmington, DE 19899		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	
14 State distribution		Date of payment		15 Local tax withheld		16 Name of locality	
\$				\$		\$	
Account number (see instructions)				17 Local distribution		\$	
				\$		\$	