

VOID  CORRECTED

**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		<b>1</b> Gross distribution \$		OMB No. 1545-0119  <span style="font-size: 2em; font-weight: bold;">2024</span>  Form <b>1099-R</b>		<b>Copy 1</b>  <b>For State, City, or Local Tax Department</b>					
		<b>2a</b> Taxable amount \$									
<b>2b</b> Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>									
PAYER'S TIN		RECIPIENT'S TIN		<b>3</b> Capital gain (included in box 2a) \$				<b>4</b> Federal income tax withheld \$			
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		<b>5</b> Employee contributions/ Designated Roth contributions or insurance premiums \$		<b>6</b> Net unrealized appreciation in employer's securities \$		<b>7</b> Distribution code(s) <table border="1" style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr> <td style="padding: 2px;">IRA/SEP/SIMPLE</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> </table>		IRA/SEP/SIMPLE	<input type="checkbox"/>	<b>8</b> Other \$ %	
		IRA/SEP/SIMPLE	<input type="checkbox"/>								
		<b>9a</b> Your percentage of total distribution %		<b>9b</b> Total employee contributions \$							
<b>10</b> Amount allocable to IRR within 5 years \$		<b>11</b> 1st year of desig. Roth contrib.		<b>12</b> FATCA filing requirement <input type="checkbox"/>		<b>14</b> State tax withheld \$		<b>15</b> State/Payer's state no.		<b>16</b> State distribution \$	
Account number (see instructions)		<b>13</b> Date of payment		<b>17</b> Local tax withheld \$		<b>18</b> Name of locality		<b>19</b> Local distribution \$			