

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;">2023</span>  Form <b>1099-R</b>		<b>Copy 1</b>  <b>For</b> <b>State, City,</b> <b>or Local</b> <b>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)	IRA/ SEP/ SIMPLE <input type="checkbox"/>	<b>8</b> Other \$		%
		<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 \$