

9898

 VOID CORRECTED

For Official Use Only.

Type or machine print PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution		OMB No. 1545-0119 <b>1988</b> Statement for Recipients of	<b>Total Distributions From Profit-Sharing, Retirement Plans, Individual Retirement Arrangements, Insurance Contracts, Etc.</b>
		\$			
		2 Taxable amount			
		\$			
3 Amount in Box 2 eligible for capital gain election					
PAYER'S Federal identification number	RECIPIENT'S identification number	4 Federal income tax withheld		4 Federal income tax withheld	
		\$		\$	
Type or machine print RECIPIENT'S name (first, middle, last)		5 Employee contributions or insurance premiums		6 Net unrealized appreciation in employer's securities	
		\$		\$	
Street address		7 Category of distribution			
City, state, and ZIP code		8 Other		9 Your percentage of total distribution	
		\$ %		\$ %	
Account number (optional)		10 State income tax withheld		11 Payer's state number	
		\$			

Form 1099-R

Do NOT Cut or Separate Forms on This Page

Department of the Treasury - Internal Revenue Service

9898

 VOID CORRECTED

For Official Use Only

Type or machine print PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution		OMB No. 1545-0119 <b>1988</b> Statement for Recipients of	<b>Total Distributions From Profit-Sharing, Retirement Plans, Individual Retirement Arrangements, Insurance Contracts, Etc.</b>
		\$			
		2 Taxable amount			
		\$			
3 Amount in Box 2 eligible for capital gain election					
PAYER'S Federal identification number	RECIPIENT'S identification number	4 Federal income tax withheld		4 Federal income tax withheld	
		\$		\$	
Type or machine print RECIPIENT'S name (first, middle, last)		5 Employee contributions or insurance premiums		6 Net unrealized appreciation in employer's securities	
		\$		\$	
Street address		7 Category of distribution			
City, state, and ZIP code		8 Other		9 Your percentage of total distribution	
		\$ %		\$ %	
Account number (optional)		10 State income tax withheld		11 Payer's state number	
		\$			

Form 1099-R

Do NOT Cut or Separate Forms on This Page

Department of the Treasury - Internal Revenue Service

9898

 VOID CORRECTED

For Official Use Only

Type or machine print PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution		OMB No. 1545-0119 <b>1988</b> Statement for Recipients of	<b>Total Distributions From Profit-Sharing, Retirement Plans, Individual Retirement Arrangements, Insurance Contracts, Etc.</b>
		\$			
		2 Taxable amount			
		\$			
3 Amount in Box 2 eligible for capital gain election					
PAYER'S Federal identification number	RECIPIENT'S identification number	4 Federal income tax withheld		4 Federal income tax withheld	
		\$		\$	
Type or machine print RECIPIENT'S name (first, middle, last)		5 Employee contributions or insurance premiums		6 Net unrealized appreciation in employer's securities	
		\$		\$	
Street address		7 Category of distribution			
City, state, and ZIP code		8 Other		9 Your percentage of total distribution	
		\$ %		\$ %	
Account number (optional)		10 State income tax withheld		11 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 <b>1988</b> Statement for Recipients of	<b>Total Distributions From Profit-Sharing, Retirement Plans, Individual Retirement Arrangements, Insurance Contracts, Etc.</b>
		\$			
		2 Taxable amount			
3 Amount in Box 2 eligible for capital gain election					
PAYER'S Federal identification number		RECIPIENT'S identification number		4 Federal income tax withheld	
				\$	
RECIPIENT'S name (first, middle, last)		5 Employee contributions or insurance premiums		6 Net unrealized appreciation in employer's securities	
		\$		\$	
Street address		7 Category of distribution			
City, state, and ZIP code		8 Other		9 Your percentage of total distribution	
		\$ %		\$ %	
Account number (optional)		10 State income tax withheld		11 Payer's state number	
		\$			

Form 1099-R

Department of the Treasury - Internal Revenue Service

**Copy 1  
For State Tax  
Department**

VOID  CORRECTED

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution		OMB No. 1545-0119 <b>1988</b> Statement for Recipients of	<b>Total Distributions From Profit-Sharing, Retirement Plans, Individual Retirement Arrangements, Insurance Contracts, Etc.</b>
		\$			
		2 Taxable amount			
3 Amount in Box 2 eligible for capital gain election					
PAYER'S Federal identification number		RECIPIENT'S identification number		4 Federal income tax withheld	
				\$	
RECIPIENT'S name (first, middle, last)		5 Employee contributions or insurance premiums		6 Net unrealized appreciation in employer's securities	
		\$		\$	
Street address		7 Category of distribution			
City, state, and ZIP code		8 Other		9 Your percentage of total distribution	
		\$ %		\$ %	
Account number (optional)		10 State income tax withheld		11 Payer's state number	
		\$			

Form 1099-R

Department of the Treasury - Internal Revenue Service

**Copy 1  
For State Tax  
Department**

VOID  CORRECTED

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution		OMB No. 1545-0119 <b>1988</b> Statement for Recipients of	<b>Total Distributions From Profit-Sharing, Retirement Plans, Individual Retirement Arrangements, Insurance Contracts, Etc.</b>
		\$			
		2 Taxable amount			
3 Amount in Box 2 eligible for capital gain election					
PAYER'S Federal identification number		RECIPIENT'S identification number		4 Federal income tax withheld	
				\$	
RECIPIENT'S name (first, middle, last)		5 Employee contributions or insurance premiums		6 Net unrealized appreciation in employer's securities	
		\$		\$	
Street address		7 Category of distribution			
City, state, and ZIP code		8 Other		9 Your percentage of total distribution	
		\$ %		\$ %	
Account number (optional)		10 State income tax withheld		11 Payer's state number	
		\$			

Form 1099-R

Department of the Treasury - Internal Revenue Service

**Copy 1  
For State Tax  
Department**



CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution	OMB No. 1545-0119 <b>1988</b> Statement for Recipients of	<b>Total Distributions From Profit-Sharing, Retirement Plans, Individual Retirement Arrangements, Insurance Contracts, Etc.</b>
		\$		
		2 Taxable amount		
PAYER'S Federal identification number		RECIPIENT'S identification number		4 Federal income tax withheld
		\$	\$	
RECIPIENT'S name (first, middle, last)		5 Employee contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	<b>Copy B For Recipient</b>
		\$		
Street address		7 Category of distribution		This information is being furnished to the Internal Revenue Service.
City, state, and ZIP code		8 Other	9 Your percentage of total distribution	
Account number (optional)		\$ %	%	
		10 State income tax withheld	11 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 <b>1988</b> Statement for Recipients of	<b>Total Distributions From Profit-Sharing, Retirement Plans, Individual Retirement Arrangements, Insurance Contracts, Etc.</b>
		\$		
		2 Taxable amount		
PAYER'S Federal identification number		RECIPIENT'S identification number		4 Federal income tax withheld
		\$	\$	
RECIPIENT'S name (first, middle, last)		5 Employee contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	<b>Copy B For Recipient</b>
		\$		
Street address		7 Category of distribution		This information is being furnished to the Internal Revenue Service.
City, state, and ZIP code		8 Other	9 Your percentage of total distribution	
Account number (optional)		\$ %	%	
		10 State income tax withheld	11 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 <b>1988</b> Statement for Recipients of	<b>Total Distributions From Profit-Sharing, Retirement Plans, Individual Retirement Arrangements, Insurance Contracts, Etc.</b>
		\$		
		2 Taxable amount		
PAYER'S Federal identification number		RECIPIENT'S identification number		4 Federal income tax withheld
		\$	\$	
RECIPIENT'S name (first, middle, last)		5 Employee contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	<b>Copy B For Recipient</b>
		\$		
Street address		7 Category of distribution		This information is being furnished to the Internal Revenue Service.
City, state, and ZIP code		8 Other	9 Your percentage of total distribution	
Account number (optional)		\$ %	%	
		10 State income tax withheld	11 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 **Publication 575**, Pension and Annuity Income, 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 **Publication 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 **Publication 575**.

**Excess Distributions.**—If the amount you received is more than \$112,500, you may owe an excise tax. See **Form 5329**, Return for Individual Retirement Arrangement and Qualified Retirement Plans Taxes.

**Box 1.**—The total amount of the distribution. Distributions included in Box 8 generally will not be included in Box 1.

**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.

**Note:** *If there is an entry in Box 1, but no entry in Box 2, ask the payer to furnish the information for Box 2.*

**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 reported on this form. Include this on your income tax return as tax withheld.

**Box 5.**—Amounts contributed or considered contributed by the individual that were not deductible 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.**—No code may be present if the amount in Box 1 is a normal distribution from a plan other than an IRA or SEP. The code(s) listed identifies the distribution you received, as follows:

1—Premature distribution (other than codes 2, 3, 4, 5, 8, or P; see Form 5329);  
2—Rollovers; 3—Disability; 4—Death (includes payments to a beneficiary);  
5—Prohibited transactions; 6—Other; 7—Normal IRA or SEP distributions;  
8—Excess contributions/deferrals refunded plus earnings taxable in 1988; 9—PS 58 costs; P—Excess contributions/deferrals refunded plus earnings taxable in 1987;  
A—Qualifies for 5-year/10-year averaging; B—Qualifies for death benefit exclusion;  
C—Qualifies for both A and B.

**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.

If an annuity contract has been transferred to another trustee, an amount will be shown in this box and Code 2 will be shown in Box 7.

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 Code 4 will be shown in Box 7. See **Publication 525**, Taxable and Nontaxable Income.

**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 **Publication 575**, Pension and Annuity Income, 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 **Publication 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 **Publication 575**.

**Excess Distributions.**—If the amount you received is more than \$112,500, you may owe an excise tax. See **Form 5329**, Return for Individual Retirement Arrangement and Qualified Retirement Plans Taxes.

**Box 1.**—The total amount of the distribution. Distributions included in Box 8 generally will not be included in Box 1.

**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.

**Note:** *If there is an entry in Box 1, but no entry in Box 2, ask the payer to furnish the information for Box 2.*

**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 reported on this form. Include this on your income tax return as tax withheld.

**Box 5.**—Amounts contributed or considered contributed by the individual that were not deductible 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.**—No code may be present if the amount in Box 1 is a normal distribution from a plan other than an IRA or SEP. The code(s) listed identifies the distribution you received, as follows:

1—Premature distribution (other than codes 2, 3, 4, 5, 8, or P; see Form 5329);  
2—Rollovers; 3—Disability; 4—Death (includes payments to a beneficiary);  
5—Prohibited transactions; 6—Other; 7—Normal IRA or SEP distributions;  
8—Excess contributions/deferrals refunded plus earnings taxable in 1988; 9—PS 58 costs; P—Excess contributions/deferrals refunded plus earnings taxable in 1987;  
A—Qualifies for 5-year/10-year averaging; B—Qualifies for death benefit exclusion;  
C—Qualifies for both A and B.

**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.

If an annuity contract has been transferred to another trustee, an amount will be shown in this box and Code 2 will be shown in Box 7.

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 Code 4 will be shown in Box 7. See **Publication 525**, Taxable and Nontaxable Income.

**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 **Publication 575**, Pension and Annuity Income, 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 **Publication 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 **Publication 575**.

**Excess Distributions.**—If the amount you received is more than \$112,500, you may owe an excise tax. See **Form 5329**, Return for Individual Retirement Arrangement and Qualified Retirement Plans Taxes.

**Box 1.**—The total amount of the distribution. Distributions included in Box 8 generally will not be included in Box 1.

**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.

**Note:** *If there is an entry in Box 1, but no entry in Box 2, ask the payer to furnish the information for Box 2.*

**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 reported on this form. Include this on your income tax return as tax withheld.

**Box 5.**—Amounts contributed or considered contributed by the individual that were not deductible 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.**—No code may be present if the amount in Box 1 is a normal distribution from a plan other than an IRA or SEP. The code(s) listed identifies the distribution you received, as follows:

1—Premature distribution (other than codes 2, 3, 4, 5, 8, or P; see Form 5329);  
2—Rollovers; 3—Disability; 4—Death (includes payments to a beneficiary);  
5—Prohibited transactions; 6—Other; 7—Normal IRA or SEP distributions;  
8—Excess contributions/deferrals refunded plus earnings taxable in 1988; 9—PS 58 costs; P—Excess contributions/deferrals refunded plus earnings taxable in 1987;  
A—Qualifies for 5-year/10-year averaging; B—Qualifies for death benefit exclusion;  
C—Qualifies for both A and B.

**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.

If an annuity contract has been transferred to another trustee, an amount will be shown in this box and Code 2 will be shown in Box 7.

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 Code 4 will be shown in Box 7. See **Publication 525**, Taxable and Nontaxable Income.

**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 <b>1988</b> 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		4 Federal income tax withheld
		\$	\$	
RECIPIENT'S name (first, middle, last)		5 Employee contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	Copy 2 To be filed with recipient's state income tax return, when required.
		\$		
Street address		7 Category of distribution		9 Your percentage of total distribution
		8 Other		
City, state, and ZIP code		\$	%	11 Payer's state number
		\$	%	
Account number (optional)		10 State income tax withheld		
		\$		

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 <b>1988</b> 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		4 Federal income tax withheld
		\$	\$	
RECIPIENT'S name (first, middle, last)		5 Employee contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	Copy 2 To be filed with recipient's state income tax return, when required.
		\$		
Street address		7 Category of distribution		9 Your percentage of total distribution
		8 Other		
City, state, and ZIP code		\$	%	11 Payer's state number
		\$	%	
Account number (optional)		10 State income tax withheld		
		\$		

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 <b>1988</b> 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		4 Federal income tax withheld
		\$	\$	
RECIPIENT'S name (first, middle, last)		5 Employee contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	Copy 2 To be filed with recipient's state income tax return, when required.
		\$		
Street address		7 Category of distribution		9 Your percentage of total distribution
		8 Other		
City, state, and ZIP code		\$	%	11 Payer's state number
		\$	%	
Account number (optional)		10 State income tax withheld		
		\$		

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 <b>1988</b> Statement for Recipients of	<b>Total Distributions From Profit-Sharing, Retirement Plans, Individual Retirement Arrangements, Insurance Contracts, Etc.</b>
		2 Taxable amount \$		
		3 Amount in Box 2 eligible for capital gain election		
PAYER'S Federal identification number	RECIPIENT'S identification number	\$	4 Federal income tax withheld \$	<b>Copy C For Payer</b> For Paperwork Reduction Act Notice and instructions for completing this form, see Instructions for Forms 1099, 1098, 5498, 1096, and W-2G.
RECIPIENT'S name (first, middle, last)		5 Employee contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
Street address		7 Category of distribution		
City, state, and ZIP code		8 Other \$ %	9 Your percentage of total distribution %	
Account number (optional)		10 State income tax withheld \$	11 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 <b>1988</b> Statement for Recipients of	<b>Total Distributions From Profit-Sharing, Retirement Plans, Individual Retirement Arrangements, Insurance Contracts, Etc.</b>
		2 Taxable amount \$		
		3 Amount in Box 2 eligible for capital gain election		
PAYER'S Federal identification number	RECIPIENT'S identification number	\$	4 Federal income tax withheld \$	<b>Copy C For Payer</b> For Paperwork Reduction Act Notice and instructions for completing this form, see Instructions for Forms 1099, 1098, 5498, 1096, and W-2G.
RECIPIENT'S name (first, middle, last)		5 Employee contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
Street address		7 Category of distribution		
City, state, and ZIP code		8 Other \$ %	9 Your percentage of total distribution %	
Account number (optional)		10 State income tax withheld \$	11 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 <b>1988</b> Statement for Recipients of	<b>Total Distributions From Profit-Sharing, Retirement Plans, Individual Retirement Arrangements, Insurance Contracts, Etc.</b>
		2 Taxable amount \$		
		3 Amount in Box 2 eligible for capital gain election		
PAYER'S Federal identification number	RECIPIENT'S identification number	\$	4 Federal income tax withheld \$	<b>Copy C For Payer</b> For Paperwork Reduction Act Notice and instructions for completing this form, see Instructions for Forms 1099, 1098, 5498, 1096, and W-2G.
RECIPIENT'S name (first, middle, last)		5 Employee contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
Street address		7 Category of distribution		
City, state, and ZIP code		8 Other \$ %	9 Your percentage of total distribution %	
Account number (optional)		10 State income tax withheld \$	11 Payer's state number	

Form **1099-R**

Department of the Treasury · Internal Revenue Service