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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  <b>2018</b> Form 1099-R	<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>  <b>Copy A</b> <b>For Internal Revenue Service Center</b>  <b>File with Form 1096.</b>  For Privacy Act and Paperwork Reduction Act Notice, see the <b>2018 General Instructions for Certain Information Returns.</b>					
			\$								
			2a Taxable amount								
			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				
				\$			\$				
RECIPIENT'S name			5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities						
			\$		\$						
Street address (including apt. no.)			7 Distribution code(s)		8 Other						
			IRA/ SEP/ SIMPLE <input type="checkbox"/>		\$ %						
City or town, state or province, country, and ZIP or foreign postal code			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 <input type="checkbox"/>		12 State tax withheld		13 State/Payer's state no.		14 State distribution	
\$						\$		-----		\$	
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

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