

9898

 VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code			1 Gross distribution		OMB No. 1545-0119 2016 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2016 General Instructions for Certain Information Returns.		
			\$					
			2a Taxable amount					
\$								
2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>						
PAYER'S federal identification number		RECIPIENT'S identification number		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)			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

EEA

Do Not Cut or Separate Forms on This Page - Do Not Cut or Separate Forms on This Page