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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, and ZIP or foreign postal code			1 Gross distribution		OMB No. 1545-0119  <b>2017</b>  Form 1099-R		
			\$				
			2a Taxable amount				
			\$				
PAYER'S federal identification number			2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>		
			RECIPIENT'S identification number				
3 Capital gain (included in box 2a)		4 Federal income tax withheld		<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>2017 General Instructions for Certain Information Returns.</b>			
\$		\$					
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.	
Account number (see instructions)			15 Local tax withheld		16 Name of locality		
			\$		\$		
			\$		\$		
					17 Local distribution		
					\$		