

9898

VOID

CORRECTED

| | | | | | | | |
|---|--|-------------------------------------|---|-------------------------------------|---|--|---|
| 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 2018 Form 1099-R | Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. | |
| | | | \$ | | | | |
| | | | 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 | | Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2018 General Instructions for Certain Information Returns. |
| | | | \$ | | \$ | | |
| 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 |
| | | | | \$ | | | \$ |
| | | | | \$ | | | \$ |