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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 2019 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 2019 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
				\$			\$
				\$			\$

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

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