☐ VOID   ☐ CORRECTED

			OMB No. 1545-0119	**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, ZIP or foreign postal code, and phone no. FOOTBALL INC. 130 CIRCLE DRIVE NEWARK, DE 19971	**1** Gross distribution $ 15000.00		**2020** Form **1099-R**	
	2a Taxable amount $ 15000.00			
	2b Taxable amount not determined ☑	Total distribution ☐		**Copy 1**
PAYER'S TIN 51-0000897	RECIPIENT'S TIN	**3** Capital gain (included in box 2a) $	**4** Federal income tax withheld $	**For State, City, or Local Tax Department**
RECIPIENT'S name Matthew Anderson		**5** Employee contributions/ Designated Roth contributions or insurance premiums $	**6** Net unrealized appreciation in employer's securities $	
Street address (including apt. no.) 30 Peyton Place		**7** Distribution code(s) 7	IRA/ SEP/ SIMPLE ☐	**8** Other $ %	
City or town, state or province, country, and ZIP or foreign postal code Newark, DE 19971		**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.	**12** FATCA filing requirement ☐	**14** State tax withheld $ 20 $	**15** State/Payer's state no. DE	**16** State distribution $ $
Account number (see instructions)		**13** Date of payment	**17** Local tax withheld $ $	**18** Name of locality	**19** Local distribution $ $

Form **1099-R**   www.irs.gov/Form1099R   Department of the Treasury - Internal Revenue Service