

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			1 Gross distribution		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
			\$		<div style="font-size: 2em; font-weight: bold;">2021</div>		
			2a Taxable amount				
			\$		Form 1099-R		Copy 1 For State, City, or Local Tax Department
			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)		
					\$		\$
RECIPIENT'S name			5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		
			\$		\$		
			7 Distribution code(s)		IRA/ SEP/ SIMPLE <input type="checkbox"/>	8 Other	
Street address (including apt. no.)					\$		
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.	12 FATCA filing requirement <input type="checkbox"/>	14 State tax withheld		15 State/Payer's state no.		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