

☐ 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		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>						
			\$		<b>2021</b> Form <b>1099-R</b>								
			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		<b>Copy 1</b> <b>For State, City, or Local Tax Department</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)			IRA/ SEP/ SIMPLE <input type="checkbox"/>			8 Other				
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