

VOID CORRECTED

**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 telephone no.		1 Gross distribution		OMB No. 1545-0119	
		2a Taxable amount		<div style="font-size: 2em; font-weight: bold; text-align: center;">2025</div> Form 1099-R	
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	
		7 Distribution code(s)		8 Other	
Street address (including apt. no.)		IRA/SEP/SIMPLE <input type="checkbox"/>		%	
		9a Your percentage of total distribution		9b Total employee contributions	
City or town, state or province, country, and ZIP or foreign postal code					
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
			\$		\$

**Copy 1
For
State, City,
or Local
Tax Department**