

D  
★ 73682

**Form 1099-R**  CORRECTED (if checked) OMB No. 1545-0119 **2022**

<b>1</b> Gross distribution \$	<b>2a</b> Taxable amount \$	<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>	
<b>2b</b> Taxable amount not determined	Total distribution	<b>12</b> FATCA filing requirement	<b>13</b> Date of payment

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

PAYER'S TIN RECIPIENT'S TIN

<b>3</b> Capital gain (included in box 2a) \$	<b>4</b> Federal income tax withheld \$	<b>5</b> Employee contributions / Designated Roth contributions or insurance premiums \$
--------------------------------------------------	--------------------------------------------	---------------------------------------------------------------------------------------------

<b>6</b> Net unrealized appreciation in employer's securities \$	<b>7</b> Distribution code(s)	IRA/SEP/SIMPLE	<b>8</b> Other \$	%
---------------------------------------------------------------------	-------------------------------	----------------	----------------------	---

<b>9a</b> Your percentage of total distribution %	<b>9b</b> Total employee contributions \$
------------------------------------------------------	----------------------------------------------

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

Account number (see instructions) **11** 1st year of desig. Roth contrib. **10** Amount allocable to IRR within 5 years  
\$

<b>14</b> State tax withheld \$	<b>15</b> State/Payer's state no.	<b>16</b> State distribution \$
------------------------------------	-----------------------------------	------------------------------------

<b>17</b> Local tax withheld \$	<b>18</b> Name of locality	<b>19</b> Local distribution \$
------------------------------------	----------------------------	------------------------------------

**Copy 2** File this copy with your state, city, or local income tax return, when required. www.irs.gov/Form1099R Department of the Treasury Internal Revenue Service

**Form 1099-R**  CORRECTED (if checked) OMB No. 1545-0119 **2022**

<b>1</b> Gross distribution \$	<b>2a</b> Taxable amount \$	<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>	
<b>2b</b> Taxable amount not determined	Total distribution	<b>12</b> FATCA filing requirement	<b>13</b> Date of payment

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

PAYER'S TIN RECIPIENT'S TIN

<b>3</b> Capital gain (included in box 2a) \$	<b>4</b> Federal income tax withheld \$	<b>5</b> Employee contributions / Designated Roth contributions or insurance premiums \$
--------------------------------------------------	--------------------------------------------	---------------------------------------------------------------------------------------------

<b>6</b> Net unrealized appreciation in employer's securities \$	<b>7</b> Distribution code(s)	IRA/SEP/SIMPLE	<b>8</b> Other \$	%
---------------------------------------------------------------------	-------------------------------	----------------	----------------------	---

<b>9a</b> Your percentage of total distribution %	<b>9b</b> Total employee contributions \$
------------------------------------------------------	----------------------------------------------

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

Account number (see instructions) **11** 1st year of desig. Roth contrib. **10** Amount allocable to IRR within 5 years  
\$

<b>14</b> State tax withheld \$	<b>15</b> State/Payer's state no.	<b>16</b> State distribution \$
------------------------------------	-----------------------------------	------------------------------------

<b>17</b> Local tax withheld \$	<b>18</b> Name of locality	<b>19</b> Local distribution \$
------------------------------------	----------------------------	------------------------------------

**Copy 2** File this copy with your state, city, or local income tax return, when required. www.irs.gov/Form1099R Department of the Treasury Internal Revenue Service

5-1/2"

1099R - E4CNP

**Form 1099-R**  CORRECTED (if checked) OMB No. 1545-0119 **2022**

<b>1</b> Gross distribution \$	<b>2a</b> Taxable amount \$	<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>	
<b>2b</b> Taxable amount not determined	Total distribution	<b>12</b> FATCA filing requirement	<b>13</b> Date of payment

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

PAYER'S TIN RECIPIENT'S TIN

<b>3</b> Capital gain (included in box 2a) \$	<b>4</b> Federal income tax withheld \$	<b>5</b> Employee contributions / Designated Roth contributions or insurance premiums \$
--------------------------------------------------	--------------------------------------------	---------------------------------------------------------------------------------------------

<b>6</b> Net unrealized appreciation in employer's securities \$	<b>7</b> Distribution code(s)	IRA/SEP/SIMPLE	<b>8</b> Other \$	%
---------------------------------------------------------------------	-------------------------------	----------------	----------------------	---

<b>9a</b> Your percentage of total distribution %	<b>9b</b> Total employee contributions \$
------------------------------------------------------	----------------------------------------------

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

Account number (see instructions) **11** 1st year of desig. Roth contrib. **10** Amount allocable to IRR within 5 years  
\$

<b>14</b> State tax withheld \$	<b>15</b> State/Payer's state no.	<b>16</b> State distribution \$
------------------------------------	-----------------------------------	------------------------------------

<b>17</b> Local tax withheld \$	<b>18</b> Name of locality	<b>19</b> Local distribution \$
------------------------------------	----------------------------	------------------------------------

**Copy C For Recipient's Records** (keep for your records) www.irs.gov/Form1099R Department of the Treasury Internal Revenue Service This information is being furnished to the IRS.

**Form 1099-R**  CORRECTED (if checked) OMB No. 1545-0119 **2022**

<b>1</b> Gross distribution \$	<b>2a</b> Taxable amount \$	<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>	
<b>2b</b> Taxable amount not determined	Total distribution	<b>12</b> FATCA filing requirement	<b>13</b> Date of payment

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

PAYER'S TIN RECIPIENT'S TIN

<b>3</b> Capital gain (included in box 2a) \$	<b>4</b> Federal income tax withheld \$	<b>5</b> Employee contributions / Designated Roth contributions or insurance premiums \$
--------------------------------------------------	--------------------------------------------	---------------------------------------------------------------------------------------------

<b>6</b> Net unrealized appreciation in employer's securities \$	<b>7</b> Distribution code(s)	IRA/SEP/SIMPLE	<b>8</b> Other \$	%
---------------------------------------------------------------------	-------------------------------	----------------	----------------------	---

<b>9a</b> Your percentage of total distribution %	<b>9b</b> Total employee contributions \$
------------------------------------------------------	----------------------------------------------

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

Account number (see instructions) **11** 1st year of desig. Roth contrib. **10** Amount allocable to IRR within 5 years  
\$

<b>14</b> State tax withheld \$	<b>15</b> State/Payer's state no.	<b>16</b> State distribution \$
------------------------------------	-----------------------------------	------------------------------------

<b>17</b> Local tax withheld \$	<b>18</b> Name of locality	<b>19</b> Local distribution \$
------------------------------------	----------------------------	------------------------------------

**Copy B** Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. www.irs.gov/Form1099R This information is being furnished to the IRS.