☐ VOID ☐ CORRECTED (if checked)

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.
		2a Taxable amount $	2025 Form 1099-R	
		2b Taxable amount not determined ☐ Total distribution ☐		Copy 2 To be Filed with Recipient's State or Local Income Tax Return, or Copy 1 For State Tax Department
PAYER'S TIN	RECIPIENT'S TIN	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	
RECIPIENT'S name, street address, city or town, state or province, country and ZIP or foreign postal code		5 Employee contributions/ Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
		7 Distribution code(s) IRA/ SEP/ SIMPLE ☐	8 Other $ %	
		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 $	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** (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

DETACH BEFORE MAILING
MANUFACTURED ON OCR LASER BOND PAPER USING HEAT RESISTANT INKS

☐ VOID ☐ CORRECTED (if checked)

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.
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Account number (see instructions)		13 Date of payment	17 Local tax withheld $	18 Name of locality	19 Local distribution $
			$		$

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