

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.			1 Gross distribution		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
			\$		2020 Form 1099-R			
			2a Taxable amount					
			\$					
PAYER'S TIN			2b Taxable amount not determined <input type="checkbox"/>			Total distribution <input type="checkbox"/>		Copy 1 For State, City, or Local Tax Department
			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			
Street address (including apt. no.)			\$		\$			
City or town, state or province, country, and ZIP or foreign postal code			7 Distribution code(s)		8 Other			
			IRA/SEP/SIMPLE <input type="checkbox"/>		\$		%	
			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	
\$			<input type="checkbox"/>	\$			\$	
Account number (see instructions)			13 Date of payment	17 Local tax withheld		18 Name of locality	19 Local distribution	
				\$			\$	
				\$			\$	