

CORRECTED (If checked)

PAYER'S INFORMATION			1 Gross distribution \$		OMB No. 1545-0119		2013		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
Payer's Name			2a Taxable amount \$		Form 1099-R					
Street address (including apt. no.)			\$							
City	State	ZIP code	2b Taxable amount not determined		Total 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. This information is being furnished to the Internal Revenue Service.	
Payer's country			3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$					
PAYER'S federal identification number		RECIPIENT'S identification number		5 Employee contributions / Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$				
RECIPIENT'S name										
Street address (including apt. no.)			7 Distribution code(s)		IRA/SEP/SIMPLE		8 Other \$			
City	State	ZIP code								
Recipient's country				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 State tax withheld \$		13 State/ Payer's state no. /		14 State distribution \$		
Account number (see instructions)					15 Local tax withheld \$		16 Name of locality		17 Local distribution \$	

Form **1099-R**

Department of the Treasury - Internal Revenue Service