

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code		1 Gross distribution		OMB No. 1545-0119		2017 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		\$					
		2a Taxable amount				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.	
		\$					
PAYER'S federal identification number		RECIPIENT'S identification number		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>	
				3 Capital gain (included in box 2a)		4 Federal income tax withheld	
				\$		\$	
RECIPIENT'S name		Street address (including apt. no.)		5 Employee contributions /Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities	
				\$		\$	
City or town, state or province, country, and ZIP or foreign postal code		7 Distribution code(s)		IRA/SEP/SIMPLE <input type="checkbox"/>		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.		FATCA filing requirement <input type="checkbox"/>		12 State tax withheld	
\$						\$	
13 State/Payer's state no.		14 State distribution		15 Local tax withheld		16 Name of locality	
		\$		\$		\$	
Account number (see instructions)		17 Local distribution				\$	
		\$				\$	

Form **1099-R**

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service