Form 1099-R ☐ CORRECTED (if checked) OMB No. 1545-0119 **2003**

1 Gross distribution | 2a Taxable amount | Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

2b Taxable amount not determined ☐ | Total distribution ☐

PAYER'S name, street address, city, state, and ZIP code

PAYER'S Federal identification number | RECIPIENT'S identification number

3 Capital gain (included in box 2a) | 4 Federal income tax withheld | 5 Employee contributions or insurance premiums

6 Net unrealized appreciation in employer's securities | 7 Distribution code | IRA/SEP/SIMPLE | 8 Other | %

9a Your percentage of total distribution | 9b Total employee contributions

RECIPIENT'S name and street address (incl. apt. no.), city, state, and ZIP code

Account number (optional) | 10 State tax withheld

11 State/Payer's state no. | 12 State distribution

13 Local tax withheld | 14 Name of locality | 15 Local distribution

File this copy with your state, city, or local income tax return, when required.

Department of the Treasury Internal Revenue Service

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Copy C For Recipient's Records

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Copy B If this form shows Federal income tax withheld in Box 4, attach this copy to your Federal tax return.

Department of the Treasury Internal Revenue Service

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