

email address

VOID CORRECTED

| | | | | | |
|---|-----------------------------------|---|--|--|--|
| PAYER'S name, street address, city, state, and ZIP code | | 1 Gross distribution | | OMB No. 1545-0119 | |
| | | \$ | | 2009 Form 1099-R | |
| | | 2a Taxable amount | | | |
| | | \$ | | | |
| | | 2b Taxable amount not determined <input type="checkbox"/> | | Total distribution <input type="checkbox"/> | |
| PAYER'S Federal identification number | RECIPIENT'S identification number | 3 Capital gain (included in box 2a) | | 4 Federal income tax withheld | |
| | | \$ | | \$ | |
| RECIPIENT'S name | | 5 Employee contributions or insurance premiums | | 6 Net unrealized appreciation in employer's securities | |
| | | \$ | | \$ | |
| Street address (including apt. no.) | | 7 Distribution code(s) | | 8 Other | |
| | | IRA/SEP/SIMPLE <input type="checkbox"/> | | \$ % | |
| City, state, and ZIP code | | 9a Your percentage of total distribution % | | 9b Total employee contributions | |
| | | | | \$ | |
| Account number (optional) | | 10 State tax withheld | | 11 State/Payer's state no. | |
| | | \$ | | | |
| | | \$ | | \$ | |
| | | 13 Local tax withheld | | 14 Name of locality | |
| | | \$ | | | |
| | | \$ | | \$ | |
| | | | | 15 Local distribution | |
| | | | | \$ | |

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy 1 For State, City, or Local Tax Department