Copy B — Report this income on your federal tax	Form 1099-R 2023	OMB No. 1545-0119	Copy 2 — File this copy with your state, city, or	Form <b>1099-R</b> 2	20 <b>23</b> OMB No. 1545-0119
return. If this form shows federal income tax withheld in box 4, attach this copy to	Profit-Sharing Plans, IRAs,	FATCA filing requirement payment	local income tax return, when required.	Distributions From Per Annuities, Retirement Profit-Sharing Plans, I	or requirement payment
your return. Insurance Contracts, etc. CORRECTED (if checked)			Account number (see instructions)  Insurance Contracts, etc.  CORRECTED (if checked)		
Account number (see instructions)  PAYER'S name, address, ZIP/postal code, country & phone no.			Account number (see instructions)  PAYER'S name, address, ZIP/postal code, country & phone no.		
FATEN 3 Hallie, addless, Zir	-/postal code, country & priorie no.		FATEN STIAITIE, address, 2	ir/postai code, codiniy (	х рионе по.
PAYER'S TIN RECIPIENT'S TIN		PAYER'S TIN RECIPIENT'S TIN			
RECIPIENT'S name, address	s, ZIP/postal code & country		RECIPIENT'S name, address	ss, ZIP/postal code & co	untry
1 Gross distribution	2a Taxable amount	2b Taxable amount not determined	1 Gross distribution	2a Taxable amoun	not determined $\vdash$
\$	\$	Total distribution	\$	\$	Total distribution
3 Capital gain (included in box 2a)	4 Federal income tax withheld	5 Employee contribs./Desig. Roth contribs./ins. prem.	3 Capital gain (included in box 2a)	4 Federal income	tax withheld 5 Employee contribs./Desig Roth contribs./ins. prem.
\$ 6 Net unrealized appreciate.	ion 7 Distrib.   IRA/SEP/   8 O	\$	\$ 6 Net unrealized apprecia	\$ ation 7 Distrib. IRA/S	\$  \$
in employer's securities	code(s) SIMPLE \$	rner %	in employer's securities	code(s) SIMP	SEP/ 8 Other
\$ 9a Percentage   9b Total e	mployee 10 Amount allo	cable to IRR 11 1st year desig.		employee 10 /	Amount allocable to IRR 11 1st year design
total distrib.   contrib	outions within 5 yea	rs Roth contrib.	total distrib. contri	butions \$	within 5 years Roth contrib.
\$		\$	\$		\$
\$		\$	\$		\$
14 State tax withheld 17 Local tax withheld	15 State/Payer's state no. 18 Name of locality	<ul><li>16 State distribution</li><li>19 Local distribution</li></ul>	<ul><li>14 State tax withheld</li><li>17 Local tax withheld</li></ul>	15 State/Payer's sta 18 Name of locality	
\$		\$	\$		\$
\$		\$	\$		\$
Form 1099-R This information is being furnisl		Treasury - Internal Revenue Service	Form <b>1099-R</b>	Бера	rtment of the Treasury - Internal Revenue Servi
BR4UP NTF 2585751  Copy C - For Recipient's	3 B99R4UP		Orman File Mile annu	1000 5	
Copy C - For Recipient's Records (keep for your records) This information is being furnished to the IRS.  Comm 1099-R  2 © 23  Comm No. 1545-0119  Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.			Copy 2 — File this copy with your state, city, or local income tax return, when required.	Form 1099-R Distributions From Per Annuities, Retirement Profit-Sharing Plans, II Insurance Contracts, 6	nsions, 12 FATCA filing 13 Date of requirement payment
Account number (see instruc		CORRECTED (if checked)	Account number (see instru	•	CORRECTED (if checked)
PAYER'S name, address, Zlf	P/postal code, country & phone no.		PAYER'S name, address, Z	IP/postal code, country b	§ phone no.
PAYER'S TIN	RECIPIENT'S TI	N	PAYER'S TIN	REC	CIPIENT'S TIN
RECIPIENT'S name, address	s, ZIP/postal code & country		RECIPIENT'S name, addres	ss, ZIP/postal code & co	untry
1 Gross distribution	2a Taxable amount	2b Taxable amount not determined	1 Gross distribution	2a Taxable amoun	t <b>2b</b> Taxable amount not determined
\$	\$	Total distribution	\$	\$	Total distribution
3 Capital gain (included in box 2a)	included in box 2a)  4 Federal income tax withheld  5 Employee contribs./Desig. Roth contribs./ins. prem.		3 Capital gain (included in box 2a) 4 Federal income tax withheld 5 Employee contribs./Desig Roth contribs./ins. prem. \$		
6 Net unrealized appreciation in employer's securities	ion 7 Distrib. IRA/SEP/ 8 O	ther	Net unrealized apprecia in employer's securities		
\$ 9a Percentage total distrib. 9b Total e contrib	mployee   10 Amount allo	cable to IRR 11 1st year desig. rs Roth contrib.	\$ 9a Percentage   9b Total of	employee 10	Amount allocable to IRR 11 1st year design Roth contrib.
\$		\$	\$		\$
\$		\$	\$		\$
14 State tax withheld 17 Local tax withheld \$			14 State tax withheld     15 State/Payer's state no.     16 State distribution       17 Local tax withheld     18 Name of locality     19 Local distribution       \$     \$		
\$		\$	\$		\$
Form <b>1099-R</b>	Department of the	Treasury - Internal Revenue Service	Form <b>1099-R</b>	Depar	rtment of the Treasury - Internal Revenue Servi