

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Tax Form Issuer, Inc 12021 Sunset Valley Dr Suite 230 Preston, VA 20191 888-555-1212			1 Gross distribution \$ 100000.00 2a Taxable amount \$ 21000.00 2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/>		OMB No. 1545-0119 2022 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. 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 IRS.
PAYER'S TIN 12-3456789	RECIPIENT'S TIN xxx-xx-1234	3 Capital gain (included in box 2a) \$ 3000.00 4 Federal income tax withheld \$ 4000.00		5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 5000.00 6 Net unrealized appreciation in employer's securities \$ 6000.00		
RECIPIENT'S name Kris Q Public Street address (including apt. no.) 1 Main St City or town, state or province, country, and ZIP or foreign postal code Melrose, NY 12121			7 Distribution code(s) A IRA/SEP/SIMPLE <input checked="" type="checkbox"/>	8 Other \$ %	9a Your percentage of total distribution % 9b Total employee contributions \$ 9200.00	
10 Amount allocable to IRR within 5 years \$ 1000.00	11 1st year of desig. Roth contrib. 2012	12 FATCA filing requirement <input type="checkbox"/>	14 State tax withheld \$ 1400.00	15 State/Payer's state no. NY/State Id	16 State distribution \$ 16000.00	
Account number (see instructions) 111-23456		13 Date of payment 04/01/2020	17 Local tax withheld \$	18 Name of locality	19 Local distribution \$	

Form **1099-R**

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

Tax Form Issuer, Inc
12021 Sunset Valley Dr
Suite 230
Preston, VA 20191

Kris Q Public
1 Main St
Melrose, NY 12121

