

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 \$ 10000.00		OMB No. 1545-0119 2022 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
			2a Taxable amount \$ 21000.00		2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/>			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			
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			5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 5000.00		6 Net unrealized appreciation in employer's securities \$ 6000.00				
			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