☐ VOID ☐ CORRECTED

| PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code | 1 Gross distribution $ | OMB No. 1545-0119 **2016** Form **1099-R** | **Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.** |
|---|---|---|---|
| | 2a Taxable amount $ | | |
| | 2b Taxable amount not determined ☐ Total distribution ☐ | | **Copy 1 For State, City, or Local Tax Department** |
| PAYER'S federal identification number / RECIPIENT'S identification number | 3 Capital gain (included in box 2a) $ | 4 Federal income tax withheld $ | |
| RECIPIENT'S name<br>Street address (including apt. no.)<br>City or town, state or province, country, and ZIP or foreign postal code | 5 Employee contributions /Designated Roth contributions or insurance premiums $ | 6 Net unrealized appreciation in employer's securities $ | |
| | 7 Distribution code(s) / IRA/ SEP/ SIMPLE ☐ | 8 Other $ % | |
| | 9a Your percentage of total distribution % | 9b Total employee contributions $ | |
| 10 Amount allocable to IRR within 5 years $ / 11 1st year of desig. Roth contrib. / FATCA filing requirement ☐ | 12 State tax withheld $ | 13 State/Payer's state no. | 14 State distribution $ |
| Account number (see instructions) | 15 Local tax withheld $ | 16 Name of locality | 17 Local distribution $ |

Form **1099-R** www.irs.gov/form1099r

Box # 1 – Total Benefit amount distributed during the calendar year

Box #2a – Benefit amount subject to federal income tax (IRS)

Box #4 – Amount of Federal taxes deducted based on your withholding election

Box #5 – Amount of previous Employee Contributions that are **non-taxable** during the calendar year. (**NOT** insurance premiums or ROTH contributions)

Box #7 – IRS code relating to the type of benefit being paid: pension, disability, Pre/Post Age 59½

Box #12 – Amount of State tax withheld per your election

Box #13 – State/Payer tax number (State of primary residence)

Box #14 – Benefit amount distributed that MAY be subject to state and/or local tax. (Confirm your tax **obligation** with your state of primary residence)