

## Attention:

Copy A of this form is provided for informational purposes only. Copy A appears in red, similar to the official IRS form. The official printed version of Copy A of this IRS form is scannable, but the online version of it, printed from this website, is not. Do **not** print and file copy A downloaded from this website; a penalty may be imposed for filing with the IRS information return forms that can't be scanned. See part O in the current General Instructions for Certain Information Returns, available at IRS.gov/Form1099, for more information about penalties.

Please note that Copy B and other copies of this form, which appear in black, may be downloaded and printed and used to satisfy the requirement to provide the information to the recipient.

If you have 10 or more information returns to file, you may be required to file e-file. Go to IRS.gov/InfoReturn for e-file options.

If you have fewer than 10 information returns to file, we strongly encourage you to e-file. If you want to file them on paper, you can place an order for the official IRS information returns, which include a scannable Copy A for filing with the IRS and all other applicable copies of the form, at <u>IRS.gov/EmployerForms</u>. We'll mail you the forms you request and their instructions, as well as any publications you may order.

See Publications <u>1141</u>, <u>1167</u>, and <u>1179</u> for more information about printing these forms.

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			<ol> <li>Gross distribution</li> <li>\$</li> <li>2a Taxable amount</li> </ol>				Distributions From Pensions, Annuities,
							Retirement or
							rofit-Sharing Plans, IRAs, Insurance Contracts, etc.
			\$		Form <b>1099-R</b>		Contracts, etc.
			2b Taxable amount not determined		Total distribution		Copy A For
PAYER'S TIN	RECIPIENT'S TI	N	3 Capital ga box 2a)	in (included in	4 Federal income tax withheld		Internal Revenue Service Center
			\$		\$		File with Form 1096.
RECIPIENT'S name			<ul> <li>5 Employee contributions/ Designated Roth contributions or insurance premiums</li> <li>\$</li> </ul>		<ul> <li>6 Net unrealized appreciation in employer's securities</li> <li>\$</li> </ul>		For Privacy Act and Paperwork Reduction Act Notice, see the
Street address (including apt. no.)			7 Distributic code(s)	n IRA/ SEP/ SIMPLE	8 Other \$	%	2024 General Instructions for Certain Information
City or town, state or province, country, and ZIP or foreign postal code			<b>9a</b> Your percentage of total distribution <b>9b</b> Total emp%\$		1	e contributions	Returns.
<b>10</b> Amount allocable to IRR within 5 years	<b>11</b> 1st year of desig. Roth contrib.	12 FATCA filing requirement	14 State tax withheld \$ \$		15 State/Payer's state no.		<b>16</b> State distribution <b>\$</b>
\$							\$
payn		13 Date of payment	<b>17</b> Local tax withheld \$		18 Name of locality		<b>19</b> Local distribution <b>\$</b>
			\$				\$
		www.ir	\$ s.gov/Form1099		•		\$ - Internal Revenue Service s on This Page