


☐ VOID ☐ CORRECTED

OMB No. 1545-0119

2016

Form 1099-R

**Distributions From
Pensions, Annuities,
Retirement or
Profit-Sharing Plans,
IRAs, Insurance
Contracts, etc.**

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| | | | | | |
|---|--|-------------------------------------|---|-----------------------|--|
| PAYER'S name, street address, city or town, state or province, country, and Zip or foreign postal code | | | 1 Gross distribution | | <div>Copy 1 or Copy D For Payer</div> |
| | | | \$ | | |
| | | | 2a Taxable amount | | |
| | | | \$ | | |
| | | | 2b Taxable amount not determined <input type="checkbox"/> | | Total distribution <input type="checkbox"/> |
| | | | | | |
| PAYER'S federal identification number | | RECIPIENT'S identification number | 3 Capital gain (included in box 2a) | | 4 Federal income tax withheld |
| | | | \$ | | \$ |
| RECIPIENT'S name, street address (including apt. no.), 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 <input type="checkbox"/> |
| | | | 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 <input type="checkbox"/> | 12 State tax withheld | 13 State/Payer's state no. |
| \$ | | | | \$ | \$ |
| Account number (see instructions) | | | 15 Local tax withheld | | 16 Name of locality |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |

For Privacy Act and Paperwork Reduction Act Notice, see the **2016 General Instructions for Certain Information Returns.**

Form 1099-R

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

REMOVE THIS PLY BEFORE MAILING.