☐ CORRECTED (if checked)

PAYER'S name **John Doe**			1 Gross distribution $ **1000**	OMB No. 1545-0119 **2026** Form **1099-R**	**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**
Street address **123 s 2nd st**	Room or suite no.		2a Taxable amount $		
City or town **Maimi**	Telephone number		2b Taxable amount not determined ☐ Total distribution ☐		**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.**
State or province **Florida**	Country **US**	ZIP or foreign postal code **33139**	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	
PAYER'S TIN **12-3456789**	RECIPIENT'S TIN **xxx-xx-1234**		5 Employee contrib./ desig. Roth contrib. or insurance premiums $	6 NUA in employer's securities $	
RECIPIENT'S name **James Smith**			7a Dist. code(s) **G** / 7b IRA/SEP/ SIMPLE ☐	7c Trump account ☐ / 7d Earnings on excess contrib. $	
Street address **456 w 3rd St**	Apt. no.		8a Other $	8b Percentage of annuity contract %	This information is being furnished to the IRS.
City or town **Beverly Hills**			9a Percentage of total dist. %	9b Total employee contrib. $	
State or province **California**	Country **US**	ZIP or foreign postal code **90210**			
10 Amount allocable to IRR within 5 years $	11 1st year of desig. Roth contrib.	12 FATCA filing requirement ☐	14 State tax withheld $	15 State/Payer's state no.	16 State distribution $
			$		$
Account number (see instructions) **123456789**		13 Date of payment	17 Local tax withheld $	18 Name of locality	19 Local distribution $
			$		$