

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. EQUITABLE EQUIVEST PROCESSING OFFICE PO BOX 1430 CHARLOTTE, NC 28201 1-800-628-6673			1 Gross distribution \$114,655.03	OMB No. 1545-0119 2023 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
			2a Taxable amount \$114,655.03	2b Taxable amount not determined <input checked="" type="checkbox"/>	Total distribution <input type="checkbox"/>
			3 Capital gain (included in box 2a)	4 Federal income tax withheld	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.
			5 Employee contributions/Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	
			7 Distribution code(s) 7	8 Other <input checked="" type="checkbox"/>	% This information is being furnished to the IRS.
			9a Your percentage of total distribution %	9b Total employee contributions	
			14 State tax withheld	15 State/Payer's state no. NY/1355706513	16 State distribution
			17 Local tax withheld	18 Name of locality	19 Local distribution
10 Amount allocable to IRR within 5 years	11 1st year of design. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>			
Account number (see instructions) 0949304791A			13 Date of payment		

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury-Internal Revenue Service

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. EQUITABLE EQUIVEST PROCESSING OFFICE PO BOX 1430 CHARLOTTE, NC 28201 1-800-628-6673			1 Gross distribution \$114,655.03	OMB No. 1545-0119 2023 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
			2a Taxable amount \$114,655.03			
			2b Taxable amount not determined <input checked="" type="checkbox"/>	Total distribution <input type="checkbox"/>	Copy C For Recipient's Records	
			3 Capital gain (included in box 2a)	4 Federal income tax withheld		
			5 Employee contributions/Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	This information is being furnished to the IRS.	
			7 Distribution code(s) 7	IRA / SEP / SIMPLE <input checked="" type="checkbox"/>		8 Other <input type="checkbox"/> % <input type="checkbox"/>
			9a Your percentage of total distribution %	9b Total employee contributions		
			14 State tax withheld	15 State/Payer's state no. NY/1355706513		
			17 Local tax withheld	18 Name of locality		
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>			19 Local distribution	
Account number (see instructions) 0949304791A			13 Date of payment			

Form 1099-B

(keep for your records)

www.irs.gov/Form1099B

Department of the Treasury-Internal Revenue Service

<p>PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.</p> <p>EQUITABLE EQUIVEST PROCESSING OFFICE PO BOX 1430 CHARLOTTE, NC 28201 1-800-628-6673</p> <p>PAYER'S TIN 13-5570651</p> <p>RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code</p> <p>MR CLAUDE A C SIMON 71 TONJES RD CALICOON, NY 12723</p>		<input type="checkbox"/> CORRECTED (if checked)	
		1 Gross distribution \$114,655.03	
		2a Taxable amount \$114,655.03	
		2b Taxable amount not determined <input checked="" type="checkbox"/>	
		3 Capital gain (included in box 2a)	
		4 Federal income tax withheld	
		5 Employee contributions/Designated Roth contributions or insurance premiums	
		6 Net unrealized appreciation in employer's securities	
		7 Distribution code(s) 7 IRA / SEP / SIMPLE <input checked="" type="checkbox"/>	
8 Other <input type="checkbox"/> % <input type="checkbox"/>			
9a Your percentage of total distribution %			
9b Total employee contributions			
10 State tax withheld			
11 State/ Payer's state no. NY/1355706513			
12 FATCA filing requirement <input type="checkbox"/>			
13 Date of payment			
14 Local tax withheld			
15 Name of locality			
16 Local distribution			
17 Local distribution			
18 Name of locality			
19 Local distribution			
Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.			
<p>2023 Form 1099-R</p> <p>Copy 2 File this copy with your state, city, or local income tax return, when required.</p>			

Form 1099-B

www.irs.gov/Form1099B

Department of the Treasury-Internal Revenue Service