

<input type="checkbox"/> CORRECTED (if checked)		
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		
PAYER'S TIN 13-5570651		
RECIPIENT'S TIN ***-**-1158		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code MR CLAUDE A C SIMON 71 TONJES RD CALLICOON, NY 12723		
10 Amount allocable to IRR within 5 years		
11 1st year of desig. Roth contrib.		
12 FATCA filing requirement <input type="checkbox"/>		
Account number (see instructions) 0949304791A		
13 Date of payment		
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 %		
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		
19 Local distribution		
Total distribution <input type="checkbox"/>		
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. This information is being furnished to the IRS.		
Form 1099-R		
www.irs.gov/Form1099R		
Department of the Treasury-Internal Revenue Service		

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Copy 2 File this copy with your state, city, or local income tax return, when required.		
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