

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) 099937854IA		13 Date of payment

1 Gross distribution <b>\$25,755.39</b>	OMB No. 1545-0119	<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>	
2a Taxable amount <b>\$25,755.39</b>	<b>2023</b>		<b>Form 1099-R</b>
2b Taxable amount not determined <input checked="" type="checkbox"/>	Total distribution <input type="checkbox"/>		<b>Copy B</b>
3 Capital gain (included in box 2a)	4 Federal income tax withheld		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) <b>7</b>	IRA / SEP / SIMPLE <input checked="" type="checkbox"/>	8 Other <input type="checkbox"/>	%
9a Your percentage of total distribution <b>%</b>	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

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury-Internal Revenue Service

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2b Taxable amount not determined <input checked="" type="checkbox"/>	Total distribution <input type="checkbox"/>		<b>Copy C</b> 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		
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2a Taxable amount <b>\$25,755.39</b>	<b>2023</b>		<b>Form 1099-R</b>
2b Taxable amount not determined <input checked="" type="checkbox"/>	Total distribution <input type="checkbox"/>		<b>Copy 2</b> File this copy with your state, city, or local income tax return, when required.
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		
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