

CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution		OMB No. 1545-0119		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>  <b>Copy B</b> <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.</b>  This information is being furnished to the Internal Revenue Service.	
		2a Taxable amount		2011  Form <b>1099-R</b>			
PAYER'S federal identification number		RECIPIENT'S identification number					2b Taxable amount not determined <input type="checkbox"/>
RECIPIENT'S name		3 Capital gain (included in box 2a)		4 Federal income tax withheld			
Street address (including apt. no.)		5 Employee contributions /Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities			
City, state, and ZIP code		7 Distribution code(s)		8 Other			
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.		9a Your percentage of total distribution %		9b Total employee contributions	
Account number (see instructions)		12 State tax withheld		13 State/Payer's state no.		14 State distribution	
		15 Local tax withheld		16 Name of locality		17 Local distribution	