

CORRECTED (if checked)

NJP S 000062237

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>DELTA MASTER RETIREMENT TRUST DEPARTMENT 216 1030 DELTA BLVD ATLANTA GA 30354</b>			1 Gross distribution \$ <b>7840.96</b>	OMB No. 1545-0119 <b>2021</b> Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
			2a Taxable amount \$ <b>9840.96</b>		
PAYER'S TIN <b>36-6751614</b>			RECIPIENT'S TIN <b>XXXXX2445</b>	2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>
RECIPIENT'S name <b>WILLIAM R WYNN</b>			3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ <b>589.08</b>	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.
Street address (including apt. no.) <b>6685 SMOKE RIDGE DR</b>			5 Employee contributions/ Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
City or town, state or province, country, and ZIP or foreign postal code <b>ATLANTA GA 30349</b>			7 Distribution code(s) <b>7</b>	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %
10 Amount allocable to IRR within 5 years \$			11 1st year of desig. Roth contrib. <input type="checkbox"/>	12 FATCA filing requirement <input type="checkbox"/>	9a Your percentage of total distribution %
Account number (see instructions) <b>1614/99046518/7</b>			13 Date of payment	14 State tax withheld \$ <b>142.08</b>	15 State/Payer's state no. <b>GA3312832-NN</b>
			17 Local tax withheld \$	18 Name of locality	16 State distribution \$ <b>9840.96</b>
			19 Local distribution \$		

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

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