| | | | CTED (if checked) | NJP S 0000 | 162237 | | |
|--|--|-----------------------------|--|-----------------------------|---|--|--|
| PAYER'S name, street address country, ZIP or foreign postal of | | | 1 Gross distribution | OMB No. 1545 | | Distributions From Pensions. Annuities. | |
| DELTA MASTER RETIREMENT TRUST DEPARTMENT 216 1030 DELTA BLVD ATLANTA GA 30354 | | | \$ ³ 840.96 | 202 | | Retirement or | |
| | | | 2a Taxable amount | | • • | rofit-Sharing Plans, IRAs, Insurance | |
| | | | \$ 9840.96 | Form 109 9 | 9-R | Contracts, etc. | |
| | | | 2b Taxable amount not determined | Total distribution | on 🗍 | Copy B | |
| PAYER'S TIN | RECIPIENT'S TIN | 7 | 3 Capital gain (includ | ed in 4 Federal inc | | Report this income on your | |
| 26_6751614 | | | box 2a) | withheld | | federal tax return. If this | |
| 36-6751614 XXXXX2445 | | | \$ | | 589.08 | form shows | |
| RECIPIENT'S name WILLIAM R WYNN Street address (including apt. no.) | | | 5 Employee contributi Designated Roth contributions or | appreciation | | federal income tax withheld in | |
| | | | insurance premiums | | securities | box 4, attach this copy to | |
| | | | | RAV 8 Other | | your return. | |
| 6685 SMOKE RIDGE DR | | | code(s) | SEP/ SIMPLE | | This information is | |
| City or town, state or province, country, and ZIP or foreign postal code | | | | total 9b Total emplo | yee contributions | being furnished to | |
| ATLANTA GA 30349 10 Amount allocable to IRR | | | distribution | % \$ | | <u> </u> | |
| within 5 years | 11 1st year of desig. Roth contrib. | requirement | 14 State tax withheld \$ 142.08 | 15 State/Pay GA331283 | | \$ 9840.96 | |
| \$ | | | | | | | |
| Account number (see instruction: 1614/99046518/7 | S) | 13 Date of payment | 17 Local tax withheld \$ | 18 Name of | ocality | 19 Local distribution \$ | |
| | | | | | | | |
| Form 1099-R | www.i | rs.gov/Form1099F De | etach Here | Department | of the Treasury | - Internal Revenue Service →2 | |
| | | | CTED (if checked) | | 162237 | | |
| PAYER'S name, street address country, ZIP or foreign postal c | | | 1 Gross distribution | OMB No. 1545 | | Distributions From ensions, Annuities, | |
| DELTA MASTER RETIREMENT TRUST | | | \$ 9840.96 | 202 | 1 P | Retirement or rofit-Sharing Plans, | |
| DEPARTMENT 216 1030 DELTA BLVD | | | 2a Taxable amount | | | IRAs, Insurance Contracts, etc. | |
| ATLANTA GA 30354 | | | \$ 9840.96 | 1 Form 1098 | Form 1099-R | | |
| | | | 2b Taxable amount not determined | Total distribution | on [] | Copy C | |
| PAYER'S TIN | 'ER'S TIN RECIPIENT'S TIN | | 3 Capital gain (includ box 2a) | ed in 4 Federal inco | ome tax | For Recipient's Records | |
| 6-6751614 XXXXX2445 | | , | | | | | |
| RECIPIENT'S name | | | ち Employee contributi | | 589.08 zed | | |
| WILLIAM R WYNN Street address (including apt. no.) | | | Designated Roth contributions or insurance premiums | appreciation employer's | on in | | |
| | | | | RAV 8 Other | | | |
| 6685 SMOKE RIDGE DR | | | code(s) | SEP/ SIMPLE | | This information is | |
| City or town, state or province, c | ountry, and ZIP or for | eign postal code | 9a Your percentage of | total 9b Total emplo | yee contributions | | |
| ATLANTA GA 30349 | T | 140 5.50.00 | distribution | % \$ | | | |
| 10 Amount allocable to IRR within 5 years | 11 1st year of desig. Hoth contrib. | 12 FATCA filing requirement | \$\ 142.08 | 15 State/Pay GA331283 | | \$ 9840.96 | |
| \$ Account number (see instructions | | | | | | | |
| 1614/99046518/7 | 5) | 13 Date of payment | 17 Local tax withheld \$ | 18 Name of | ocality | 19 Local distribution \$ | |
| | | | | | | | |
| Form 1099-R (keep for your | records) | | gov/Form1099R etach Here | Department | of the Treasury | - Internal Revenue Service | |
| | | CORRE | CTED (if checked) | NJP S 0000 | 62237 | | |
| PAYER'S name, street address country, ZIP or foreign postal c | | | 1 Gross distribution | OMB No. 1545 | | Distributions From ensions, Annuities, | |
| DELTA MASTER RETIREMENT TRUST | | | \$ 9840.96 | 202 | | Retirement or | |
| DEPARTMENT 216 1030 DELTA BLVD ATLANTA GA 30354 | | | 2a Taxable amount | | | rofit-Sharing Plans, IRAs, Insurance | |
| | | | 9840.96 | Form 1099 | 9-R | Contracts, etc. | |
| | | | 2b Taxable amount not determined | Total distribution | on \square | Copy 2 | |
| PAYER'S TIN | RECIPIENT'S TIN | 7 | 3 Capital gain (includ | ed in 4 Federal inc | *************************************** | File this copy with your state, | |
| 36-6751614 | XXXXX2445 | XXXXX2445 | | withheld | | city, or local income tax | |
| | | | \$ | | 589.08 | return, when | |
| RECIPIENT'S name | 5 Employee contributi Designated Roth | appreciation | on in | required. | | | |
| WILLIAM R WYNN | | | contributions or insurance premiums | employer's | securities | | |
| Street address (including apt. no.) | | | 7 Distribution | S Other | | | |
| 6685 SMOKE RIDGE DR | | | codo(c) S | SEP/ SIMPLE | | | |
| City or town, state or province, c | 9a Your percentage of | total 9b Total emplo | yee contributions | | | | |
| ATLANTA GA 30349 | | | distribution | % \$ | | | |
| 10 Amount allocable to IRR | | 12 FATCA filing requirement | ls. | 15 State/Pay | | 16 State distribution | |
| \$ | <u> </u> | | 142.08 | | | 9840.96 | |
| Account number (see instructions) 13 Date of payment | | 17 Local tax withheld \$ | 18 Name of | ocality | 19 Local distribution | | |
| 1614/99046518/7 | | | 1 | | | 1 | |