

Form 1099-R **CORRECTED (if checked)** OMB No. 1545-0119 **2022**

1 Gross distribution	2a Taxable amount	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
\$ 17,036.25	\$ 17,036.25	12 FATCA filing requirement	
2b Taxable amount not determined	Total distribution	13 Date of payment	
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			

HEBREW UNION COLLEGE - JIR
PENSION
BENEFIT PAYMENTS GROUP
116 ALLEGHENY CTR P8-YB35-02-G
PITTSBURGH PA 15212-5356

QUESTIONS ?
1-800-765-6148

PAYER'S TIN	RECIPIENT'S TIN		
22-1146430	573-46-2732		
3 Capital gain (included in box 2a)	4 Federal income tax withheld	5 Employee contributions/Designated Roth contributions or insurance premiums	
\$ 0.00	\$ 954.47	\$ 0.00	
6 Net unrealized appreciation in employer's securities	7 Distribution code(s)	IRA/SEP/SIMPLE	8 Other %
\$ 0.00	4	\$	
9a Your percentage of total distribution	9b Total employee contributions		
	%		

Recipient's name, street address (including apt. no.), city or town, state or province, country, and Zip or foreign postal code

FANCHON SHUR
HALLS LAKE AFH
5721 209TH PL SW
LYNWOOD WA 98036

Account number (see instruc.)	11 1st year of desig. Roth contrib.	10 Amount allocable to IRR within 5 years
754464410	\$	\$
14 State tax withheld	15 State/Payer's state no.	16 State distribution
\$ 0.00	WA 221146430	\$
17 Local tax withheld	18 Name of locality	19 Local distribution
\$		\$

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

Department of the Treasury
Internal Revenue Service
www.irs.gov/Form1099R

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Copy C For Recipient's Records

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This information is being furnished to the IRS.

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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.

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