

**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.

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

OMB No. 1545-0119  
**2023**  
Form 1099-R

Account number 5995/001/NATE3901/01	RECIPIENT'S Id Number ***-**-3901	13 Payment Date	CORRECTED (if checked)
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PAYER'S name, street address, city, state, and ZIP code  
A.W. Miller Technical Sales Inc. Profit Sharing Plan  
P.O. Box 69  
East Aurora NY 14052

PAYER'S Federal Identification number 16-0985995	Amount allocable to IRR within 5 years \$
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RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code  
Nater, Ron  
1580 Mississauga Valley Blvd, Suite 210  
Mississauga, Ontario Canada L5A 3T8

<b>1</b> Gross distribution \$ 598.78	<b>2a</b> Taxable amount \$ 598.78	<b>11</b> 1st year of Roth contrib.	<b>12</b> FATCA filing req.
<b>2b</b> Taxable amount not determined Total distribution	<b>3</b> Capital gain (included in box 2a) \$	<b>4</b> Fed. income tax withheld \$ 89.82	
<b>5</b> Employee contribs/Roth contribs or ins. prems. \$	<b>6</b> Net unrealized appreciation in employer's securities \$	<b>7</b> Distribution Code(s) 7	IRA/SEP/SIMPLE <input type="checkbox"/>
<b>8</b> Other \$	<b>9a</b> Your percentage of total distribution %	<b>9b</b> Total employee contributions \$	
\$	\$	\$	
\$	\$	\$	
<b>14</b> State tax withheld	<b>15</b> State/Payer's state no.	<b>16</b> State distribution	
<b>17</b> Local tax withheld	<b>18</b> Name of locality	<b>19</b> Local distribution	
\$	\$	\$	
\$	\$	\$	

For questions about this 1099-R, please contact the Payer identified at the top of this form.

Large-print recipient instructions are available at <http://1099plus.com>