

FIDELITY SERVICE CO.
P.O. BOX 505421
CINCINNATI, OH 45250-5421



RECIPIENT'S Name and Address

0202158 FR T 0623 84
214013 001 001

BARRY FRIEDMAN
480 TWEEDSMUIR AVE
OTTAWA ONTARIO
K1Z5N9
CANADA

ORIGINAL DEPOSITOR: DOROTHY FRIEDMAN

Customer service phone number 800-544-6666

PAYER'S Federal ID # 04-6519726	RECIPIENT'S ID # 108-36-0183	Account number 2BY-893935
------------------------------------	---------------------------------	------------------------------

1 Gross distribution \$ 61262.06		2a Taxable amount \$ 61262.06	
2b Taxable amount not determined ☒		Total distribution ☒	
3 Capital gain (Included in box 2a) \$		4 Federal income tax withheld \$	
5 Employee contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$	
7 Distribution code(s) 4	IRA/SEP/SIMPLE X	8 Other \$	%
9a Your percentage of total distribution %		9b Total employee contributions \$	
10 State tax withheld \$		11 State/Payer's state number	12 State distribution \$
13 Local tax withheld \$		14 Name of locality	15 Local distribution \$

Form 1099-R
Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
This information is being furnished to the Internal Revenue Service.

COPY C

For Recipient's Records

FORM 1099-R

Department of the Treasury - Internal Revenue Service

PAYER'S name, street address, city, state, and ZIP code

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OMB No. 1545-0119
2006
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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.

FORM 1099-R

Department of the Treasury - Internal Revenue Service

STATE STREET BANK & TRUST
GAMCO GL TELECOM FD
PO BOX 8308
BOSTON MA 02266-8308
1 (800) 872-5365

RECIPIENT'S Name, Street Address (including apt. no.), City, State, and Zip Code

STATE STREET BANK & TRUST CO
CUST FOR THE IRA OF
DOROTHY FRIEDMAN (DCD)
FBO BARRY FRIEDMAN
480 TWEEDMUIR AVE
OTTAWA ONTARIO K1Z 5N9

000001

Corrected (if checked) ☐

FORM 1099-R

Department of the Treasury-Internal Revenue Service

OMB NO. 1545-0119

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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 Internal Revenue Service.

Account number 401-00000872444		RECIPIENT'S identification number 108-36-0183	
1 Gross distributions 360.74		PAYER'S federal identification number 04-3120161	
2a Taxable amount 360.74		4 Federal income tax withheld 0.00	
2b Taxable amount not determined ☒			
Total distribution			
7 Distribution code(s) 4	IRA/SEP/SIMPLE ☒	9a Your percentage of total distribution	10 State tax withheld 0.00
11 State/payer state no. /		12 State distribution 0.00	

FORM 1099-R • Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRA's, Insurance Contracts, etc. • 2006

PAYER'S Name, Street Address, City, State, Zip Code, and Telephone Number

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FORM 1099-R

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OMB NO. 1545-0119

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(Keep for your records)

Account number 401-00000872444		RECIPIENT'S identification number 108-36-0183	
360.74		04-3120161	
360.74		0.00	
2b Taxable amount not determined ☒			
Total distribution			
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/		0.00	

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/		0.00	



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GABELLI ASSET FUND

PO BOX 8308

BOSTON

MA 02266-8308

1 (800) 872-5365

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MA 02266-8308

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