

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

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



RECIPIENT'S Name and Address

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

FORM 1099-R

Department of the Treasury - Internal Revenue Service

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1 Gross distribution \$ 78097.41		2a Taxable amount \$ 78097.41	
2b Taxable amount not determined <input checked="" type="checkbox"/>		Total distribution <input type="checkbox"/>	
3 Capital gain (Included in box 2a) \$		4 Federal income tax withheld \$	
5 Employee contributions/ designated Roth contrib. 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 \$

OMB No. 1545-0119
2007
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 2
File this copy with your State, City, or Local income tax return, when required.

1 Gross distribution \$ 78097.41		2a Taxable amount \$ 78097.41	
2b Taxable amount not determined <input checked="" type="checkbox"/>		Total distribution <input type="checkbox"/>	
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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 • Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRA's, Insurance Contracts, etc. • 2007

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

STATE STREET BANK & TRUST
 GAMCO GL TELECOM FD CL AAA
 PO BOX 8308
 BOSTON MA 02266-8308
 1 (800) 422-3554

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

OMB NO. 1545-0119

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 Internal Revenue Service.

Account number 401-00000872444		RECIPIENT'S identification number 108-36-0183
1 Gross distribution 469.24		PAYER'S federal identification number 04-3120161
2a Taxable amount 469.24		4 Federal income tax withheld 0.00
2b Taxable amount not determined <input checked="" type="checkbox"/>		
Total distribution <input type="checkbox"/>		
7 Distribution code(s) 4	IRA/SEP/SIMPLE <input checked="" type="checkbox"/>	10 State tax withheld 0.00
11 State/payer's state no. /		12 State distribution

Corrected (if checked) ☐

FORM 1099-R

Department of the Treasury-Internal Revenue Service

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Copy C For Recipient's Records

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(Keep for your records)

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FORM 1099-R

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