1 Gross distribution	CORRECTE		OMB No. 1545-0119	5700	Form 1099-I		RRECTED (i			ons From Po	7	
1 Gross distribution 2a Taxable amount 6991.42			Distributions From I Annuities, Reti Profit-Sharing Pla Insurance Conti	rement or	1 Gross distribution 699		991.42	Ann Profit- Insur	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.			
2b Taxable amount not determined	Total	The state of the s	12 FATCAting 13 Date of		2b Taxable amount not determined	To di	otal stribution	_	12 FATCA filing requirement	13 Date of	payment	
not determined	distribution	v	requirement		1.00	1 4,0						
PAYER'S name, street address	city or town, state	or province, country	y, ZIP or foreign postal code, a	nd phone no	PAYER'S name, str						d phone n	
ADP RETIREME 471510 EPI 11 NORTHEAST SALEM NH 030	TEC, INC	. 401(K)			ADP RET	EPITE(S 1-86 401(K)	6-713-6 PROFIT	152		
		RECIPIENT			PAYER'S TIN RECII			COLUMN TO SERVICE SERV	PIENT'S TIN 625-79-5908			
57-1198022 3 Capital gain (included	4 Federal inco		79-5908 d 5 Employee contributions/De	signated	3 Capital gain (includ		Federal income	tax withhel	d 5 Employee	contributions/Desi butions or insurar	ignated	
in box 2a)	1.71		Roth contributions or insur	ance premiums			10	98.28	s	0.00	2 Ty.	
\$ 0.00 6 Net unrealized appreciation	7 Distribution	1398.28 code(s) IRA	\$ 0.0	0 %	5 Net unrealized appr	reciation 7	Distribution cod			0.00	%	
in employer's securities	Ε.	code(s) IRA SEF SIMP			in employer's secur	n to the same		SIMP	ĹE	0.00	300	
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ou rour percentage or total dis	indution	30 Total emp	noyee continuations		ou tour personnings	174	Artest (0.00		
5-5-1-n		6 \$	0.00		Recipient's name, street ac	ddraen (including a	% \$	state or provi	nce, country, and	O.OO	postal cod	
Recipient's name, street address (include	ding apt. no.), city or	town, state or provi	nce, country, and Zip or foreign	postal code	Hecipient's name, street ac	odress (including a	pt. no., city or tow	i, state or provi	44.	e de		
SHAVUKULA, S 22202 SOLOMO NOVI MI 4837	N BLVD 2	37			023772 BI SHAVUKUL 22202 SO NOVI MI	.A, SRIN	LVD 237					
Account number (see instruc.) 11 1st year of desig Roth control 20210121142500482563			tb. 10 Amount allocable to IRR	within 5 years	Account number (see 2021012114	11 lst ye	11 1st year of desig. Roth contrib.		10 Amount allocable to IRR within 5 yea \$			
14 State tax withheld	15 State/Paye		16 State distribution 6991	42	14 State tax withheld 297.1		State/Payer's MI57119		16 State	distribution 6991	.42	
\$ 297.14 17 Local tax withheld	18 Name of Id	NO STATE OF THE ST	\$ 6991	.42	S 297.1		Name of local		-	distribution		
\$			s		S Copy 2 File this		7 . 3.		\$			
PAYER'S name, street address, ADP RETIREMEL 471510 EPI' 11 NORTHEAST' SALEM NH 030'	NT SERVI TEC, INC ERN BLVD	CES 1-86	6-713-6152	payment	PAYER'S name, stre ADP RETI 471510 11 NORTH SALEM NH	eet address, city of REMENT EPITECHEASTERN	SERVICES , INC.	1-866	12 FATCA fing requirement , ZIP or foreign	152	payme	
PAYER'S TIN RECIPIENT'S					PAYER'S TIN		RECIPIENTS					
57-1198022 3 Capital gain (included	3, 1,0001		-79-5908 eld 5 Employee contributions/Designated		57-1198022 3 Capital gain (included		4 Federal income tax withheld		79-5908 5 Employee contributions/Designated			
in box 2a)	1)		Roth contributions or insurance premiums		in box 2a)		*1.4		Roth contributions or insurance premi		nce premiu	
\$ 0.00 6 Net unrealized appreciation	\$ 7 Distribution (1398.28	\$ 0.00	1 %	\$ C	eciation 7 D	139 Distribution cod	98.28 e(s) IRA/ SEP	\$ 8 Other	0.00	1 %	
in employer's securities	A	code(s) IRA/ SEP/ SIMPL			in employer's securi	ities		SEP	E		1 1	
0.00	. 1	loi Titti	\$ 0.00	<u> </u>		0.00	1		1-	0.00		
a Your percentage of total dist	ribution	96 Total empl	oyee contributions		9a Your percentage o	i total distribu	tion	o lotal emp	loyee contrib	utions		
9. 79	%	\$	0.00	Trans.		4	% \$			0.00	i.	
Recipient's name, street address (includ	ing apt, no.), city or	lown, state or provin	ce, country, and Zip or foreign	postal code	Recipient's name, street ad	Idress (including a	pt. no.), city or towr	, stale or provin	nce, country, and	Zip or foreign p	ostal code	
SHAVUKULA, SF 22202 SOLOMON NOVI MI 48375	BLVD 2	37			SHAVUKUL 22202 SO NOVI MI	LOMON B						
Account number (see instruc.) 2021012114250048	0482563		10 Amount allocable to IRR within 5 years \$		Account number (see instruc.) 202101211425004		11 1st year of desig Roth contrib.		s 10 Amount al	10 Amount allocable to IRR within 5 years \$		
4 State tax withheld 297.14	15 State/Payer's state no. MI 57 1 198022		16 State distribution \$ 6991.42		14 State tax withheld \$ 297.14		15 State/Payer's state no. MI 57 1 198022		16 State d	16 State distribution \$ 6991.42		
7 Local tax withheld	18 Name of locality		19 Local distribution		17 Local tax withheld	18	18 Name of locality		19 Local distribution			
Copy C For Recip This informati being furnishe the	on is	ecords	Department of the Internal Revenue (keep for your rewww.irs.gov/Forr	Service cords)	Copy B Report federal tax retur shows federal in ln box 4, attach www.irs.gov/Form1099F	rn. If this ncome tax this copy	form withheld		This in	partment of the email Revenue offormation furnishe the 1	service on is ed to	