Form 1099-R	-	o (ii oricontoa)	OMB No. 1545-0119 20	20	Form 1099-R	C	ORRECTED	(if checked)	OMB No. 154	S-0119 20 2 0	
1 Gross distribution 2a Taxable 761.73 S		761.73	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		1 Gross distribution 761.73		2a Taxable amount		Distributions From Pensions Annuities, Retirement o Profit-Sharing Plans, IRAs Insurance Contracts, etc.		
to Taxable amount not determined	Total distribution	X	12 FATCA fing 13 Date of pa	ayment	2b Taxable amount not determined		Total distribution	×		13 Date of payme	
PAYER'S name, street address ADP RETIREME 239781 TEL 11 NORTHEAST SALEM NH 030	NT SERV LIGEN T TERN BLV	ICES 1-866 ECH INC 40	5-713-6152	phone no.	PAYER'S name, street at ADP RETIRE 239781 11 NORTHEA SALEM NH (EMEN' TELL ASTE	T SERVIC IGEN TEC RN BLVD		-713-6	152	
AYER'S TIN 57-1198022		RECIPIENT'S TIN 655-49-7609			PAYER'S TIN			RECIPIENT'S TIN 655-49-7609			
			5 Employee contributions/Designated Roth contributions or insurance premium		57-1198022 3 Capital gain (included in box 2a)		4 Federal income tax withheld		-		
0.00 s		152.35	s 0.00		s 0.00		s 152.35		\$ 0.00		
Net unrealized appreciation in employer's securities	7 Distribution	r code(s) IRA/ SEP/ SIMPLE	8 Other %		6 Net unrealized appreciation in employer's securities		7 Distribution code(s) IRA/ SEP/ SIMPL				
0.00 a Your percentage of total dis	1		s 0.00		s 0.0		1	SIMPLE	s	0.00	
a roar percentage or total dis	stribution	9b Total emplo	oyee contributions		9a Your percentage of tot	tal distri	bution	9b Total emplo	oyee contrib	utions	
Recipient's name, street address (inclu	iding apt. no.), city	% S or town, state or province	0.00 ce, country, and Zip or foreign pos	stal code	Recipient's name, street address	s (includin	% ig apt. no.), city or t	S own, state or province	oe, country, and	O.OO Zip or foreign postal co	
ATRAM, CHAND 1890 52ND ST INVER GROVE	E APT				045201 SADA ATRAM, CHA 1890 52ND INVER GROV	ST	A S E APT 10				
Account number (see instruc.) 11 1st year (202 10 12 1 1 4 2 5 0 0 5 0 4 3 7 1		1 1st year of desig. Roth contrib.	contrib. 10 Amount allocable to IRR within 5 years S		Account number (see instruc.) 11 20210121142500504371			1st year of desig. Roth contrib. 10 Amount allocable to IRR within 5 years			
4 State tax withheld O.OO	15 State/Pay MN753	ver's state no. 8 150	16 State distribution 761.73		14 State tax withheld	15 State/Paye MN753		150		stribution 761.73	
7 Local tax withheld	18 Name of	locality	19 Local distribution		17 Local tax withheld	200	18 Name of loc	ality	19 Local distribution		
Gross distribution 761.73 b Taxable amount not determined PAYERS name, street address, city or town, state or province, country ADP RETIREMENT SERVICES 1-86		761.73			1 Gross distribution 761. S 2b Taxable amount not determined PAYER'S name, street at ADP RETIRE	ddress, ci		761.73	Annu Profit-S Insura 12 FATCA ling requirement		
	LIGEN TO	ECH INC 40			239781 T 11 NORTHEA SALEM NH C	ASTE	IGEN TEC RN BLVD	H INC 40			
57-1198022		RECIPIENT'S	9-7609		PAYER'S TIN 57-1198022			RECIPIENT'S	TIN -49-7609		
Capital gain (included in box 2a)	4 Federal inc	ome tax withheld	5 Employee contributions/Designa Roth contributions or insurance	ated premiums	3 Capital gain (included in box 2a)		4 Federal inco		5 Employee o	ontributions/Designated utions or insurance premi	
O.OO Net unrealized appreciation in employer's securities	\$ 7 Distribution	152.35 code(s) IRA/ SEP/ SIMPLE	\$ 0.00 8 Other	%	O.C Net unrealized apprecial in employer's securities	ation	S 7 Distribution c	152.35 ode(s) IRA/ SEP/	\$ 8 Other	0.00	
0.00	1	SIMPLE	s 0.00		s O.C		1	SIMPLE	s	0.00	
a Your percentage of total dis	tribution	9b Total emplo	yee contributions	No.	9a Your percentage of tot	tal distri	bution	9b Total emplo			
		% \$	0.00				%	s		0.00	
Recipient's name, street address (include	fing apt. no.), city o	r town, state or province	e, country, and Zip or foreign pos	stal code	Recipient's name, street address	s (includin	ng apt. no.), city or t	own, state or provinc	e, country, and	Zip or foreign postal co	
ATRAM, CHAND 1890 52ND ST INVER GROVE	E APT				ATRAM, CHA 1890 52ND INVER GROV	ST	E APT 10				
Account,number (see instruc.)	ot, number (see instruc.) 2.10121142500504371		10 Amount allocable to IRR within 5 years \$					t year of desig. Roth contrib.	th contrib. 10 Amount allocable to IRR within 5 year		
4 State tax withheld 0.00	15 State/Payer's state no. MN7538150		16 State distribution 761.73		14 State tax withheld 1 S 0.00		15 State/Payer's state no. MN7538150		16 State distribution 761.73		
7 Local tax withheld	18 Name of locality		19 Local distribution		17 Local tax withheld		18 Name of loc		19 Local o		
Copy C For Recipient's Records Department of the Treasury Internal Revenue Service (Keep for your records)					Copy B Report this income on your federal tax return. If this form						
This informat being furnish the			www.irs.gov/Form10		shows federal inclin box 4, attach the www.irs.gov/Form1099R					nformation is furnished to the IRS.	