

Form 1099-R  CORRECTED (if checked) OMB No. 1545-0119 **2020**

1 Gross distribution \$ 761.73	2a Taxable amount \$ 761.73	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
2b Taxable amount not determined	Total distribution	12 FATCA filing requirement	13 Date of payment
	X		

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.

ADP RETIREMENT SERVICES 1-866-713-6152  
239781 TELLIGEN TECH INC 401K PLAN  
11 NORTHEASTERN BLVD  
SALEM NH 03079-2380

PAYER'S TIN 57-1198022	RECIPIENT'S TIN 655-49-7609
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3 Capital gain (included in box 2a) \$ 0.00	4 Federal income tax withheld \$ 152.35	5 Employee contributions/Designated Roth contributions or insurance premiums \$ 0.00
6 Net unrealized appreciation in employer's securities \$ 0.00	7 Distribution code(s) 1	8 Other \$ 0.00
9a Your percentage of total distribution		9b Total employee contributions
		% \$ 0.00

Recipient's name, street address (including apt. no.), city or town, state or province, country, and Zip or foreign postal code

ATRAM, CHANDRA S  
1890 52ND ST E APT 105  
INVER GROVE HEIGHT MN 55077

Account number (see instruc.) 20210121142500504371	11 1st year of desig. Roth contrib.	10 Amount allocable to IRR within 5 years \$
14 State tax withheld \$ 0.00	15 State/Payer's state no. MN7538150	16 State distribution \$ 761.73
17 Local tax withheld \$	18 Name of locality	19 Local distribution \$

Copy 2 File this copy with your state, city, or local income tax return, when required.

Department of the Treasury  
Internal Revenue Service  
www.irs.gov/Form1099R

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Copy C For Recipient's Records

This information is being furnished to the IRS.

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Internal Revenue Service  
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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.

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Department of the Treasury  
Internal Revenue Service