			CORRECTED (if checked)		1-800-359-		
PAYER 5 name, street address, city or town, state or province, country, ZIP or foreign postal code, and phore no. MASSACHUSETTS MUTUAL LIFE INSURANCE CO MASSMUTUAL RETIREMENT SERVICES PO BOX 219062 KANSAS CITY, MO 64121-9062			1 Gross distribution \$9,242.8 2a Taxable amount \$9,242.8	2020	Annuities, Profit-Sha	tributions From Pensions, nutities, Retirement or fift-Sharing Plans, IRAs, urance Contracts, etc. X	
			2b Taxable amount not determined	Total distribution	n X		
			3 Capital gain (included in box 2a)	4 Federal income tax withheld	h. morel		
PAYERS TIN 04-1590850 RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code M227 RANJITH RANGA 12810 PRIMROSE LN APT 311 EDEN PRAIRIE, MN 55344			5 Employee contributions/Designated	6 Net unrealized appreciation in	\$1,848.56	56 return. If this form shows federal income tax withheld in	
			Roth contributions or insurance premiums	securities			
			7 Distribution code(s) IRA / SEP / SIMPLE	8 Other	%	Copy to your return. This information	
			9a Your percentage of total distribution	9b Total employee contributions	3	is being furnished to the	
			% 14 State lax withheld	15 State/Payer's state no.		IRS. 16 State distribution	
				MN/8665651-000		\$9,242.8	
10 Amount allocable to IRR within 5 years	11 1st year of desig. Floth contrib.	12 FATCA filling requirement	17 Local tax withheld	18 Name of locality		19 Local distribution	
Account number (see instructions) FL 51273 036822	0510	13 Date of payment					
Form 1099-R	0510		www.irs.gov/Form1099R	Department of the Treas	ury-Internal F	Revenue Service	
					A CONTRACTOR		
			CORRECTED (if checked)		1-800-359-6	5593	
PAYER'S name, street address, city			1 Gross distribution	OMB No. 1545-0119	7		
country, ZIP or foreign postal code, and phone no. MASSACHUSETTS MUTUAL LIFE INSURANCE CO			\$9,242.8	2020		ns From Pensions, Retirement or	
MASSMUTUAL RETIREME PO BOX 219062	NT SERVICES		2a Taxable amount \$9,242.8		Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
KANSAS CITY, MO 64121-9062			2b Taxable amount not	Total distribution		Copy C	
			3 Capital gain (included in box 2a)	4 Federal income tax withheld		For Recipient's Records	
AYER'S TIN RECIPIENT'S TIN				\$1,848.56			
04-1590850 RECIPIENT'S name, street address (including apt. no.), city or lown, state or province, country, and ZIP or foreign postal code M227 RANJITH RANGA 12810 PRIMROSE LN APT 311 EDEN PRAIRIE, MN 55344			5 Employee contributions/Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in securities	6 Net unrealized appreciation in employer's securities		
			7 Distribution code(s) IRA / SEP / SIMPLE	8 Other	%	This information is	
			9a Your percentage of total distribution	9b Total employee contributions	THE RESIDENCE OF THE PARTY OF T	being furnished to the IRS.	
			%			16 State distribution	
EDEN PRAIRIE, MN 55344			14 State tax withheld	15 State/Payer's state no.		16 State distribution	
EDEN PRAIRIE, MN 55344			14 State tax withheld	15 State/Payer's state no.		16 State distribution	
		19 FATCA filing		MN/8665651-000		\$9,242.8	
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