

CORRECTED (if checked) 1-800-359-5593

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. <b>MASSACHUSETTS MUTUAL LIFE INSURANCE CO</b> <b>MASSMUTUAL RETIREMENT SERVICES</b> PO BOX 219062 KANSAS CITY, MO 64121-9062			1 Gross distribution <div style="text-align: right;"><b>\$9,242.81</b></div>		OMB No. 1545-0119 <div style="text-align: center; font-size: 24pt;"><b>2020</b></div> Form 1099-R	<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>
			2a Taxable amount <div style="text-align: right;"><b>\$9,242.81</b></div>			
PAYER'S TIN <b>04-1590850</b>			RECIPIENT'S TIN <b>***-**-5432</b>		<b>Copy B</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.	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code <b>M227</b> <b>RANJITH RANGA</b> <b>12810 PRIMROSE LN</b> <b>APT 311</b> <b>EDEN PRAIRIE, MN 55344</b>			3 Capital gain (included in box 2a)		4 Federal income tax withheld <div style="text-align: right;"><b>\$1,848.56</b></div>	
			5 Employee contributions/Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities	
7 Distribution code(s) <input type="checkbox"/> IRA / SEP / SIMPLE <input type="checkbox"/>		8 Other _____ %		9a Your percentage of total distribution _____ %		
9b Total employee contributions		14 State tax withheld		15 State/Payer's state no. <b>MN/8665651-000</b>		16 State distribution <div style="text-align: right;"><b>\$9,242.81</b></div>
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.		12 FATCA filing requirement <input type="checkbox"/>		17 Local tax withheld
13 Date of payment		18 Name of locality		19 Local distribution		
Account number (see instructions) <b>FL 51273 036822</b>			Form <b>1099-R</b>			www.irs.gov/Form1099R

Department of the Treasury-Internal Revenue Service

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RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code <b>M227</b> <b>RANJITH RANGA</b> <b>12810 PRIMROSE LN</b> <b>APT 311</b> <b>EDEN PRAIRIE, MN 55344</b>			3 Capital gain (included in box 2a)		4 Federal income tax withheld <div style="text-align: right;"><b>\$1,848.56</b></div>	
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PAYER'S TIN <b>04-1590850</b>			RECIPIENT'S TIN <b>***-**-5432</b>		<b>Copy 2</b> File this copy with your state, city, or local income tax return, when required.	
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