				CORRECTED (if o	checked)				
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. TRANSAMERICA RETIREMENT SOLUTIONS 6400 C STREET SW CEDAR RAPIDS, IA 52499				1 Gross distribution 2a Taxable amount	\$1,345.21 \$0.00	OMB No. 1545-0119 2020 Form 1099-R	Annuities, Profit-Sha	ons From Pensions, , Retirement or aring Plans, IRAs, e Contracts, etc.	
				2b Taxable amount not		Total distribution			
FOR QUESTIONS CALL 800-755-5801				determined 3 Capital gain (included	in box 2a)	4 Federal income tax withheld		Report this income on your federal tax	
PAYER'S TIN RECIPIENT'S TIN				55 1 17 0				return. If this form shows federal income	
13-3689044 RECIPIENT'S name, street address country, and ZIP or foreign postal co-	***-**-1665 i. no.), city or to		5 Employee contribution Roth contributions or in premiums	s or insurance securities box		tax withheld in box 4, attach this copy to your return.			
SINGH AJAI R 24 VINE AVE QUINCY, MA 02169				7 Distribution code(s)	IRA / SEP / SIMPLE	8 Other	%	This information	
				9a Your percentage of to		9b Total employee contributions		is being furnished to the	
				14 State tax withheld	%	15 State/Payer's state no.		IRS. 16 State distribution	
10 Amount allocable to IRR within 11 1st year of desig. 12 FATCA filing				17 Local tax withheld		MA/PWH11119218003 18 Name of locality		19 Local distribution	
5 years	Roth contrib.		requirement			10 Name of locality		Legal digalegation	
Account number (see instructions) TN06915600001							2 1 2 5 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1		
Form 1099-R				www.irs.gov/Form10	99R	Department of the Treasu	ıry-Internal F	Revenue Service	
				CORRECTED (if o	checked)				
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. TRANSAMERICA RETIREMENT SOLUTIONS 6400 C STREET SW CEDAR RAPIDS, IA 52499				1 Gross distribution		OMB No. 1545-0119			
				2a Taxable amount	\$1,345.21	2020	Distributions From Pensions Annuities, Retirement or		
				Za Taxable amount	\$0.00	Form 1099-R		Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
				2b Taxable amount not	Ψ0.00	Total distribution		Copy C For Recipient's Records	
FOR QUESTIONS CALL 800-755-5801				determined 3 Capital gain (included	in box 2a)	4 Federal income tax withheld			
PAYER'S TIN	RECIPIENT'S	TIN					2002		
13-3689044	***-**-1665		Roth contributions or in	Employee contributions/Designated Roth contributions or insurance 6 Net unrealized appreciation in employer's securities					
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code 450DTB SINGH AJAI R 24 VINE AVE QUINCY, MA 02169				premiums	ID4 (05D (50	8 Other This information is			
				7 Distribution code(s)	IRA / SEP / SIMPLE		%	This information is being furnished to	
				9a Your percentage of to	otal distribution %	9b Total employee contributions	the IRS.		
				14 State tax withheld		15 State/Payer's state no. 16 State distribution MA/PWH11119218003			
Amount allocable to IRR within 11 1st year of desig. 12 FATCA filing			17 Local tax withheld		18 Name of locality		19 Local distribution		
5 years	ars Roth contrib. requirement								
Account number (see instructions) TN06915600001		13 Date of payment							
Form 1099-R	(keep for	your recor	ds)	www.irs.gov/Form10	99R	Department of the Treasu	ry-Internal F	Revenue Service	
			_	_					
			L	CORRECTED (if o	checked)				
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.				1 Gross distribution	\$1,345.21	OMB No. 1545-0119		ns From Pensions,	
TRANSAMERICA RETIREM 6400 C STREET SW	LUTIONS		2a Taxable amount		2020		Retirement or ring Plans, IRAs,		
CEDAR RAPIDS, IA 52499					\$0.00	Form 1099-R		Contracts, etc.	
				2b Taxable amount not determined		Total distribution		Copy 2 File this copy	
FOR QUESTIONS CALL 800-755-5801				3 Capital gain (included	in box 2a)	4 Federal income tax withheld		with your state, city, or local	
PAYER'S TIN 13-3689044	***-**-1665		5 Employee contribution	inco			income tax		
RECIPIENT'S name, street address		wn, state or province,	Roth contributions or ir premiums	Roth contributions or insurance securities			return, when required.		
country, and ZIP or foreign postal coo SINGH AJAI R		450DTB	7 Distribution code(s)	IRA/SEP/	RA / SEP / 8 Other %				
24 VINE AVE QUINCY, MA 02169			G 9a Your percentage of to	SIMPLE otal distribution	9b Total employee contributions	/0			
			14 State tax withheld	%	15 State/Dayarla state				
			14 State tax withheld		15 State/Payer's state no.	16 State distribution			
					MA/PWH11119218003				
10 Amount allocable to IRR within	of desig.	12 FATCA filing requirement	17 Local tax withheld		18 Name of locality 19 Local distribution		19 Local distribution		
5 years Account number (see instructions)	,	13 Date of payment	4						
TN06915600001		5		22					