

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. <b>TRANSAMERICA RETIREMENT SOLUTIONS</b> 6400 C STREET SW CEDAR RAPIDS, IA 52499			1 Gross distribution <b>\$1,345.21</b>	OMB No. 1545-0119 <b>2020</b> Form 1099-R	<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>
FOR QUESTIONS CALL 800-755-5801			2a Taxable amount <b>\$0.00</b>		
PAYER'S TIN 13-3689044			RECIPIENT'S TIN ***-**-1665	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code 450DTB <b>SINGH AJAI R</b> 24 VINE AVE QUINCY, MA 02169			3 Capital gain (included in box 2a)	4 Federal income tax withheld	
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
Account number (see instructions) TN06915600001			13 Date of payment	18 Name of locality MA/PWH11119218003	
14 State tax withheld			15 State/Payer's state no.		16 State distribution
19 Local distribution			18 Name of locality		19 Local distribution

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury-Internal Revenue Service

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