

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code

BNY MELLON DISBURSEMENT AGENT
PRICE WATERHOUSE COOPERS
P O BOX 569
PITTSBURGH, PA 15230

Customer service telephone number: 877-792-2369

RECIPIENT'S name and address

PRI01T

SARALA SPAND A GORANTLA
8054 EXCHANGE DR APT 1313
AUSTIN TX 78754-4767



1 Gross distribution \$ 8,328.82		2a Taxable amount \$ 8,328.82		OMB No. 1545-0119 2021 Form 1099-R: Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. <small>This information is being furnished to the Internal Revenue Service.</small>
2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input checked="" type="checkbox"/>		
3 Capital gain (Included in box 2a) \$		4 Federal income tax withheld \$ 1,665.76		
5 Employee contributions /Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		
7 Distribution code(s) 1	IRA/ SEP/ SIMPLE <input type="checkbox"/>	8 Other \$ %		COPY C For Recipient's Records
9a Your percentage of total distribution %		9b Total employee contributions \$		
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib. \$		12 FATCA filing requirement <input type="checkbox"/>
14 State tax withheld \$		15 State/Payer's state no. TX/25-1926855		16 State distribution \$ 8,328.82
17 Local tax withheld \$		18 Name of locality		19 Local distribution \$

PAYER'S Federal ID number 25-1926855	RECIPIENT'S ID number XXX-XX-9770	Account number (see instructions) PRI01T 470000	13 Date of Payment
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Department of the Treasury - Internal Revenue Service

FORM 1099-R (keep for your records)

www.irs.gov/form1099r

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7 Distribution code(s) 1	IRA/ SEP/ SIMPLE <input type="checkbox"/>	8 Other \$ %		COPY 2 File this copy with your state, city, or local income tax return, when required.
9a Your percentage of total distribution %		9b Total employee contributions \$		
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib. \$		12 FATCA filing requirement <input type="checkbox"/>
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7 Distribution code(s) 1	IRA/ SEP/ SIMPLE <input type="checkbox"/>	8 Other \$ %		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.
9a Your percentage of total distribution %		9b Total employee contributions \$		
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib. \$		12 FATCA filing requirement <input type="checkbox"/>
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