

<b>Form 1099-R</b>		CORRECTED (if checked)		OMB No. 1545-0119		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>			
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. MATRIX TRUST COMPANY AS AGENT FOR NEWPORT TRUST COMPANY VJ ASSOCIATES 401(K) PROFIT SHARING PLAN P.O. BOX 52129 PHOENIX, AZ 85072-2129				1 Gross distribution \$ 2,485.43				2021 Form 1099-R	
RECIPIENT'S name, street address (incl. apt. no.), city or town, state or province, country, and ZIP or foreign postal code NAIRITI SINGH 39939 STEVENSON CMN APT 3044 FREMONT, CA 94538-4735				2a Taxable amount \$ 0.00					
PAYER'S TIN 75-3182674		RECIPIENT'S TIN XXX-XX-6510		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$		5 Employee contributions / Designated Roth contributions or insurance premiums \$	
RECIPIENT'S name, street address (incl. apt. no.), city or town, state or province, country, and ZIP or foreign postal code NAIRITI SINGH 39939 STEVENSON CMN APT 3044 FREMONT, CA 94538-4735				6 Net unrealized appreciation in employer's securities \$		7 Distribution code(s) G		8 Other \$ %	
Account number (see instructions) 07P68RWF-LSR-114017-57				11 1st year of desig. Roth contrib. \$		9a Your percentage of total distribution % \$		9b Total employee contributions \$	
13 Date of payment		12 FATCA (if required)		10 Amount allocable to IRR within 5 years \$		17 Local tax withheld \$		18 Name of locality \$	
14 State tax withheld \$		15 State/Payer's state no. CA/81522559		16 State distribution \$		19 Local distribution \$			

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FROM: MATRIX TRUST COMPANY AS AGENT FOR NEWPORT TRUST COMPANY  
P.O. BOX 52129  
PHOENIX, AZ 85072-2129

19694

FIRST-CLASS MAIL  
U.S. POSTAGE PAID  
BENEFIT SERVICES

First-Class Mail  
Important Tax Document Enclosed

NAIRITI SINGH  
39939 STEVENSON CMN APT 3044  
FREMONT, CA 94538-4735