


CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
 RETIREMENT SERVICES
 CARDINAL HEALTH 401(K) SAVINGS PLAN
 550 S. 4TH STREET, N9310-08J
 MINNEAPOLIS, MN 55415-1529

PAYER'S TIN: 41-6257133 RECIPIENT'S TIN: XXX-XX-8094

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code
 CHENDRA S ALLADI
 891 BLACKMORE DR
 DELAWARE, OH 43015

10 Amount allocable to IRR within 5 years: \$
 11 1st year of desig. Roth contrib.
 12 FATCA filing requirement

Account number (see instructions): WF00CHSP Tracking #: 65000017751836T1 13 Date of Payment

FORM 1099-R www.irs.gov/form1099r

1 Gross distribution \$ 1716.12	2b Taxable amount not determined <input type="checkbox"/>
2a Taxable amount \$ 1716.12	Total distribution <input type="checkbox"/>
3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 171.61
5 Employee contributions / Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$
7 Distribution code(s) 8	IRA/SEP/SIMPLE <input type="checkbox"/> 8 Other <input type="checkbox"/> %
9a Your percentage of total distribution %	9b Total employee contributions \$
14 State tax withheld \$	15 State/Payer's state no. OH 51-905400
17 Local tax withheld \$	18 Name of locality

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0119
2021
Form 1099-R
Distributions
From Pensions,
Annuities,
Retirement or
Profit-Sharing
Plans, IRAs,
Insurance
Contracts, etc.

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.

This information is being furnished to the Internal Revenue Service

16 State distribution
\$

19 Local distribution
\$

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COPY C

For Recipient's Records

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16 State distribution
\$

19 Local distribution
\$

4410-02-000-0192267-0001-02065230

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COPY 2

File this copy with your state, city, or local income tax return when required.

16 State distribution
\$

19 Local distribution
\$