		□CORRECTED (if checked)		OMB No. 1545-0119
AYER'S name, street address, code, and telephone no.	ity or town, state or province, country	y, ZIP or foreign postal	1 Gross distribution	2b Taxable amount	Form 1099-F
			\$ 1716.12	not determined	Distributions
RETIREMENT SERVICE			2a Taxable amount	Total	From Pensions Annuities
CARDINAL HEALTH 40 550 S. 4TH STREET, N93			\$ 1716.12	distribution	Retirement o
MINNEAPOLIS, MN 554			3 Capital gain (included in	4 Federal income tax	Profit-Sharing
			box 2a)	withheld \$ 171.61	Plans, IRAs
AYER'S TIN	RECIPIENT'S TIN		5 Employee contributions	·	Insurance
41-6257133	ss (including apt. no.), city or town, s		/Designated Roth contributions	6 Net unrealized appreciation	COPY B
country, and ZIP or foreign posts	al code	state or province,	or insurance premiums	in employer's securities	Report this income o
,,			\$	\$	your federal tax return
arminn i c			7 Distribution IRA/SEP/SIMP code(s)	8 Other	If this form shows federa
CHENDRA S			8	\$ %	income tax withheld i
891 BLACKM DELAWARE,			9a Your percentage of total	9b Total employee	box 4, attach this cop
DELAWARE,	OH 43013		distribution	contributions	to your return
			9/	-	This information is bein furnished to the Interna
			14 State tax withheld	15 State/Payer's state no.	Revenue Service
			\$	OH 51-905400	16 State distribution
Amount allocable to IRR	11 1st year of desig. Roth contrib.	12 FATCA filing	\$		\$
within 5 years	, or acong. I toll contill.	requirement	17 Local tax withheld	18 Name of locality	\$
Account number (see instruction	(a) T-11 (f		\$		19 Local distribution
WF00CHSP	S	13 Date of Payment	\$		\$
FORM tops =	65000017751836T1				\$
FORM 1099-R	www.irs.gov/form1099r		Department of the Treasury - In	ternal Revenue Service	•
		□CORRECTED	(if checked)		OMB No. 1545-0119
'AYER'S name, street address.	city or town, state or province, count	try 7IP or foreign and 1	1 Groce dietributio	Oh Taushin	2021
telephone no.		, Lie or roreign postal	1 Gross distribution \$ 1716.12	2b Taxable amount not determined	Form 1099-R
RETIREMENT SERVIC	ES		1716.12	not determined L	Distributions From Pensions
CARDINAL HEALTH 4	01(K) SAVINGS PLAN		2a Taxable amount	Total	Annuities
550 S. 4TH STREET, NO			\$ 1716.12	distribution	Retirement of
MINNEAPOLIS, MN 55	3415-1529		3 Capital gain (included in box 2a)	4 Federal income tax withheld	Profit-Sharing
PAYER'S TIN	RECIPIENT'S TIN		\$ 500, 28)		Plans, IRAs
41-6257133	AND THE RESERVE THE PROPERTY OF THE PROPERTY O	90703	M	171.01	Insurance
	111	-2094	Employee contributions	 Net unrealized 	Contracts -t-
RECIPIENT'S name street addr	ress (including apt. no.), city or town	-8094	5 Employee contributions /Designated Roth contributions	- Pro-	CORY C
	roce (including out no.) -itt	-8094 i, state or province,	/Designated Roth contributions or insurance premiums	appreciation in employer's securities	COPY C
RECIPIENT'S name, street addr ountry, and ZIP or foreign pos	ress (including apt. no.), city or town tal code	-8094 i, state or province,	/Designated Roth contributions or insurance premiums	appreciation in employer's securities	COPY C
RECIPIENT'S name, street addr country, and ZIP or foreign pos CHENDRA S	ress (including apt. no.), city or town tal code S ALLADI	-8094 I, state or province,	/Designated Roth contributions or insurance premiums \$ To Distribution IRA/SEP/SIMF	appreciation in employer's securities	COPY C For Recipient's
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CHENT'S name, street addrountry, and ZIP or foreign pose CHENDRA S 891 BLACKN DELAWARE Amount allocable to IRR within 5 years count number (see instruction WF00CHSP) FORM 1099-R WYER'S name, street address, de, and telephone no. RETIREMENT SERVIC CARDINAL HEALTH 4 \$50 S. 4TH STREET, N MINNEAPOLIS, MN 5 PAYER'S TIN 41-6257133 RECIPIENT'S name, street address, street address	ress (including apt. no.), city or town tal code S ALLADI MORE DR D, OH 43015 Tracking # 65000017751836T www.irs.gov/form1099r city or town, state or province, councils CES 401(K) SAVINGS PLAN 9310-08J 15415-1529 RECIPIENT'S TIN XXX-XX dress (including apt. no.), city or town	D. 12 FATCA filing requirement 13 Date of Payment 1	Joseignated Roth contributions or insurance premiums To Distribution code(s) 8 9a Your percentage of total distribution 14 State tax withheld \$ 17 Local tax withheld \$ Department of the Treasury - O (if checked) I Gross distribution 1 Gross distribution 1 1 Gross distribution 1 2 2 a Taxable amount 1 1716.12 2 a Taxable amount 1 1716.12 3 Capital gain (included in box 2a)	appreciation in employer's securities \$ Other \$ 0,000 Total employee contributions \$ 15 State/Payer's state no. OH 51-905400 18 Name of locality Internal Revenue Service 2b Taxable amount not determined Total distribution 4 Federal income tax withheld 5 171.61 6 Net unrealized appreciation	COPY C For Recipient's Records This information is being furnished to the Intern Revenue Service 16 State distribution \$ 19 Local distribution \$ CMB No. 1545-0 20 Form 109: Distribution From Pension Annuitie Retirement Profit-Sharin Plans, IRA Insurance Contracts, etc.
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