

CORRECTED (if checked)

1-800-359-5593

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. MASSACHUSETTS MUTUAL LIFE INSURANCE CO MASSMUTUAL RETIREMENT SERVICES PO BOX 219062 KANSAS CITY, MO 64121-9062			1 Gross distribution \$66,328.15	OMB No. 1545-0119 2021 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S TIN 04-1590850			2a Taxable amount \$0.00	<input type="checkbox"/> Total distribution <input checked="" type="checkbox"/> Total distribution	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.
RECIPIENT'S TIN ***-**-4589			2b Taxable amount not determined <input type="checkbox"/>		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code M227 SRIJA VIJAYAKUMAR 1192 MIDDLE TPKE W APT B1 MANCHESTER, CT 06040			3 Capital gain (included in box 2a)	4 Federal income tax withheld	This information is being furnished to the IRS.
5 Employee contributions/Designated Roth contributions or insurance premiums			6 Net unrealized appreciation in employer's securities		
7 Distribution code(s) <input checked="" type="checkbox"/> G <input type="checkbox"/> IRA / SEP / SIMPLE			8 Other _____ %		
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"/>
13 Date of payment			14 State tax withheld		
Account number (see instructions) FL 51273 033191			15 State/Payer's state no. CT/1099878-000		16 State distribution
Form 1099-R			www.irs.gov/Form1099R		Department of the Treasury-Internal Revenue Service

CORRECTED (if checked)

1-800-359-5593

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. MASSACHUSETTS MUTUAL LIFE INSURANCE CO MASSMUTUAL RETIREMENT SERVICES PO BOX 219062 KANSAS CITY, MO 64121-9062			1 Gross distribution \$66,328.15	OMB No. 1545-0119 2021 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S TIN 04-1590850			2a Taxable amount \$0.00	<input type="checkbox"/> Total distribution <input checked="" type="checkbox"/> Total distribution	Copy C For Recipient's Records
RECIPIENT'S TIN ***-**-4589			2b Taxable amount not determined <input type="checkbox"/>		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code M227 SRIJA VIJAYAKUMAR 1192 MIDDLE TPKE W APT B1 MANCHESTER, CT 06040			3 Capital gain (included in box 2a)	4 Federal income tax withheld	This information is being furnished to the IRS.
5 Employee contributions/Designated Roth contributions or insurance premiums			6 Net unrealized appreciation in employer's securities		
7 Distribution code(s) <input checked="" type="checkbox"/> G <input type="checkbox"/> IRA / SEP / SIMPLE			8 Other _____ %		
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"/>
13 Date of payment			14 State tax withheld		
Account number (see instructions) FL 51273 033191			15 State/Payer's state no. CT/1099878-000		16 State distribution
Form 1099-R			www.irs.gov/Form1099R		Department of the Treasury-Internal Revenue Service

(keep for your records)

CORRECTED (if checked)

1-800-359-5593

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. MASSACHUSETTS MUTUAL LIFE INSURANCE CO MASSMUTUAL RETIREMENT SERVICES PO BOX 219062 KANSAS CITY, MO 64121-9062			1 Gross distribution \$66,328.15	OMB No. 1545-0119 2021 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S TIN 04-1590850			2a Taxable amount \$0.00	<input type="checkbox"/> Total distribution <input checked="" type="checkbox"/> Total distribution	Copy 2 File this copy with your state, city, or local income tax return, when required.
RECIPIENT'S TIN ***-**-4589			2b Taxable amount not determined <input type="checkbox"/>		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code M227 SRIJA VIJAYAKUMAR 1192 MIDDLE TPKE W APT B1 MANCHESTER, CT 06040			3 Capital gain (included in box 2a)	4 Federal income tax withheld	This information is being furnished to the IRS.
5 Employee contributions/Designated Roth contributions or insurance premiums			6 Net unrealized appreciation in employer's securities		
7 Distribution code(s) <input checked="" type="checkbox"/> G <input type="checkbox"/> IRA / SEP / SIMPLE			8 Other _____ %		
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"/>
13 Date of payment			14 State tax withheld		
Account number (see instructions) FL 51273 033191			15 State/Payer's state no. CT/1099878-000		16 State distribution
Form 1099-R			www.irs.gov/Form1099R		Department of the Treasury-Internal Revenue Service