ATTENTION: RIS 711 HIGH ST DES MOINES, IA 50392

PRINCIPAL LIFE INSURANCE COMPANY

GIRIDHAR KANALA 11100 S RIVER HEIGHTS DR APT A216 SOUTH JORDAN, UT 84095

Instructions for Recipient

Instructions for Hecipient

Generally, distributions from retirement plans (IRAs, qualified plans, section 403(b) plans, and governmental section 457(b) plans), insurance contracts, etc., are reported to recipients on Form 1099-R.

Qualified plans and section 403(b) plans. If your annuity starting date is after 1997, you must use the simplified method to figure your taxable amount if your payer didn't show the taxable amount in box 2a. See the instructions for your tax return.

IRAs. For distributions from a traditional individual retirement arrangement (IRA), simplified employee pension (SEP), or savings incentive match plan for employees (SIMPLE), generally the payer isn't required to compute the taxable amount. See the instructions for your tax return to determine the taxable amount. If you're at least age 72, you must take minimum distributions from your IRA (other than a Roth IRA). If you don't, you're subject to a 50% excise tax on the amount that should ve been distributed. See Pub. 590-A and Pub. 590-B for more information on IRAs.

Roth IRAs. For distributions from a Roth IRA, generally the payer isn't required to compute the taxable amount. You must compute any taxable amount on Form 8606. An amount shown in box 2a may be taxable earnings on an excess

contribution.

Loans treated as distributions. If you borrow money from a qualified plan, section 403(b), plan, or governmental section 457(b) plan, you may have to treat the loan as a distribution and include all or part of the amount borrowed in your income. There are exceptions to this rule. If your loan is taxable, code L will be shown in box 7. See Pub. 575.

Recipient's taxnayer identification number (TIN). For your protection, this

income. There are exceptions to this rule. If your loan is taxable, code L will be shown in box 7. See Pub. 575.

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (SSN, ITIN, ATIN, or EIN). However, the payer has reported your complete TIN to the IRS.

Account number. May show an account, policy, or other unique number the payer assigned to distinguish your account.

Box 1. Shows the total amount distributed this year. The amount may have been a direct rollover, a transfer or conversion to a Roth IRA, a recharacterized IRA contribution; or you may have received it as periodic payments, nonperiodic payments, or a total distribution. Report the amount on Form 1040, 1040-SR, or 1040-IRA on the line for "IRA distributions" or "Pensions and annutites" (or the line for "Taxable amount") and on Form 8606, as applicable. However, if this is a lump-sum distribution, see Form 4972. If you haven't reached minimum retirement age, report your disability payments on the line for "Wages, salaries, tips, etc." on your tax return. Also report on that line permissible withdrawals from eligible automatic contribution arrangements and corrective distributions of excess deferrals, excess contribution arrangements and corrective distributions of excess deferrals, excess contribution arrangements and corrective distributions of excess deferrals, excess contribution arrangements and corrective distributions of excess deferrals, excess contribution arrangements and corrective distributions except if the distributions of designated Roth contributions or your after-tax contributions or if you reself-employed.

If a life insurance, annuity, qualified long-term care, or endowment contract was transferred tax free to another trustee or contract issuer, an amount will be shown in this box and code 6 will be shown in box 7. If a charge or payment was made against the cash value of an annuity contract or the cash surrender value of a life insurance contract for the

amount shown in box 1 is a receipt of reportable death benefits that is taxable in part.

Box 2a. This part of the distribution is generally taxable. If there is no entry in this box, the payer may not have all the facts needed to figure the taxable amount. In that case, the first box in box 2b should be checked. You may want to get one of the free publications from the IRS to help you figure the taxable amount. See Additional information on the back of Copy 2. For an IRA distribution, see IRAs and Roth IRAs, earlier. For a direct rollover, other than from a qualified plan, section 403(b) plan, or governmental section 457(b) plan to a designated Roth account in the same plan or to a Roth IRA, zero should be shown and you must enter zero (-0-) on the "Taxable amount" line of your tax return. If you roll over a distribution (other than a distribution from a designated Roth account) from a designated Roth account in the same plan or to a Roth IRA, zero should be shown and you must enter zero. (-0-) on the "Taxable amount" line of your tax return the amount shown in this box plus the amount in box 6, if any.

If this is a total distribution from a qualified plan and you were born before January 2, 1936 (or you're the beneficiary of someone born before January 2, 1936 (or you're the beneficiary of someone born before January 2, 1936 (or you're the beneficiary of someone born before January 2, 1936), you may be eligible for the 10-year tax option. See the Form 4972 instructions for more information.

If you're an eligible retired public safety officer who elected to exclude from income distributions from your eligible plan used to pay certain insurance premiums, the amount shown in box 2a hasan't been reduced by the exclusion amount. See the instructions for your tax return for more information.

Box 2b. If the first box is checked, the payer was unable to determine the taxable amount and box 2a should be blank, except for an IRA. It's your responsibility to determine the taxable amount and box 2a should be blank, ex

determine the taxable amount. If the second box is checked, the distribution was a total distribution that closed out your account.

Box 3. If you received a lump-sum distribution from a qualified plan and were born before January 2, 1936 (or you're the beneficiary of someone born before January 2, 1936), you may be able to elect to treat this amount as a capital gain on Form 4972 (not on Schedule D (Form 1040)). See the Form 4972 instructions. For a charitable gift annuity, report as a long-term capital gain as explained in the Instructions for Form 8949.

Box 4. Shows federal income tax withheld. Include this amount on your income tax return as tax withheld, and if box 4 shows an amount (other than zero), attach Copy B to your return. Generally, if you receive payments that aren't eligible rollover distributions, you can change your withholding or elect not to have income tax withheld by giving the payer Form W-4P.

04/18/2022

03010-TAX RECORD IS DUE TO A DISTRIBUTION FROM A RETIREMENT PLAN GOT QUESTIONS? GO TO: WWW.PRINCIPAL.COM/1099R DO YOU STILL HAVE QUESTIONS? THEN PLEASE CALL: 1-800-547-7754. RETIREMENT SPECIALISTS ARE AVAILABLE 7 AM - 9 PM (CST), MON-FRI.

Box 5. Generally, this shows the employee's investment in the contract (after-tax contributions), if any, recovered tax free this year; the portion that's your basis in a designated Roth account; the part of premiums paid on commercial annuities or insurance contracts recovered tax free; the nontaxable part of a charitable gift annuity; or the investment in a life insurance contract reportable under section 6050Y. This box doesn't show any IRA contributions. If the amount shown is your basis in a designated Roth account, the year you first made contributions to that account may be entered in box 11.

doesn't show any IRA contributions. If the amount shown is your basis in a designated Roth account, the year you first made contributions to that account may be entered in box 11.

Box 6. If you received a lump-sum distribution from a qualified plan that includes securities of the employer's company, the net unrealized appreciation (NUA) (any increase in value of such securities while in the trust) is taxed only when you sell the securities unless you choose to include it in your gross income this year. See Pub. 575 and Form 4972. If you roll over the distribution to a designated Roth account in the same plan or to a Roth IRA, see the instructions for box 2a. For a direct rollover to a designated Roth account in the same plan or to a Roth IRA, the NUA is included in box 2a. If you didn't receive a lump-sum distribution, the amount shown is the NUA attributable to employee contributions, which isn't taxed until you sell the securities.

Box 7. The following codes identify the distribution you received. For more information on these distributions, see the instructions for your tax return. Also, certain distributions may be subject to an additional 10% tax. See the Instructions for Form 5329. 1-Early distribution, no known exception (in most cases, under age 59 1/2). 2-Early distribution, exception applies (under age 59 1/2). 3-Disability. 4-Death. 5-Prohibited transaction.

6-Section 1035 exchange (a tax-free exchange of life insurance, annuity, qualified long-term care insurance, or endowment contracts). 7-Normal distribution. 8-Excess contributions plus earnings/excess deferrals (and/or earnings) taxable in 2021. 9-Cost of current life insurance protection. A-May be eligible for 10-year tax option (see Form 4972). B-Designated Roth account distribution. Note: If Code B is in box 7 and an amount is reported in box 11, see the Instructions for Form 5329. C-Reportable death benefits under section 6050Y. D-Annuity payments from nonqualified annuities that may be subject to tax under section 1411. E-Distributions un

SIMPLE distribution.

Box 8. If you received an annuity contract as part of a distribution, the value of the contract is shown. It isn't taxable when you receive it and shouldn't be included in boxes 1 and 2a. When you receive periodic payments from the annuity contract, they're taxable at that time. If the distribution is made to more than one person, the percentage of the annuity contract distributed to you is also shown. You'll need this information if you use the 10-year tax option (Form 4972). If charges were made for qualified long-term care insurance contracts under combined arrangements, the amount of the reduction in the investment (but not below zero) in the annuity or life insurance contract is reported here.

Box 9a. If a total distribution was made to more than one person, the percentage you received is shown.

received is shown.

Box 9b. For a life annuity from a qualified plan or from a section 403(b) plan (with after-tax contributions), an amount may be shown for the employee's total investment in the contract. It is used to compute the taxable part of the distribution. See Pub. 575.

Box 10. If an amount is reported in this box, see the Instructions for Form 5329 and Pub. 575.

Box 11. The first year you made a contribution to the designated Roth account reported on this form is shown in this box.

Box 12. If checked, the payer is reporting on this Form 1099 to satisfy its Internal Revenue Code chapter 4 account reporting requirement under FATCA. You may also have a filing requirement. See the Instructions for Form 8938.

Box 13. Shows the date of payment for reportable death benefits under section 6050Y. **Boxes 14 19.** If state or local income tax was withheld from the distribution, boxes 16 and 19 may show the part of the distribution subject to state and/or local tax.

Additional information. You may want to see:
Form W-4P, Form 4972, Form 5329, Form 8606
Pub. 525, Taxable and Nontaxable Income
Pub. 560, Retirement Plans for Small Business
Pub. 571, Tax-Sheltered Annuity Plans
Pub. 575, Pension and Annuity Income
Pub. 590-A, Contributionsto IRAs
Pub. 590-B, Distributions from IRAs
Pub. 721, U.S. Civil Service Retirement Benefits
Pub. 939, General Rule for Pensions and Annuities
Pub. 969, HSAs and Other Tax-Favored Health Plans

		CORRE	ECTED (if checked)	REISSUED STATEMEN	Т
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.			1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities,
PRINCIPAL LIFE INSURANCE CO			\$ 8,537.82	2021	Retirement or Profit-Sharing
711 HIGH STREET DES MOINES, IA 50392-0001			2a Taxable amount		Plans, IRAs, Insurance
DES MOINES, IA 30372-0001			\$ 8,537.82	Form 1099-R	Contracts, etc.
			2b Taxable amount not determined	Total	Copy B Report this
PAYER'S TIN	RECIPIENT'S TIN		3 Capital gain (included in box 2a)	distribution X 4 Federal income tax withhe	income on your federal tax return. If this
42-0127290 XXX-XX-0228		\$	\$ 1,707.56	form shows federal income	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code			5 Employee contributions/Designated Roth contributions or insurance premiums	6 Net unrealized appreciation employer's securities	in tax withheld in box 4, attach
GIRIDHAR KANALA			\$	\$	this copy to your return.
11100 S RIVER HEIGHTS DR APT A216 SOUTH JORDAN, UT 84095			7 Distribution code(s) IRA/ SEP/ SIMPLE	8 Other	This information is
			1	\$	% being furnished to
			9a Your percentage of total distribution	9b Total employee contribution	ons the mo.
10 Amount allocable to IRR	11 1st year of	12 FATCA	% 14 State tax withheld	\$ State/Payer's state no	. 16 State distribution
within 5 years	desig. Roth contrib.	filing requirement	\$	UT / 12289331003WTH	\$ 8,537.82
Account number (see instructions) 346754		13 Date of Payment	17 Local tax withheld	18 Name of locality	19 Local distribution
TRACKING #: 27563147T2		Payment	\$		\$
Form 1099-R		www.irs.g	ov/Form1099R	Department of the	Treasury - Internal Revenue Service
PAYER'S name, street address, city or	town state or proving		ECTED (if checked) 1 Gross distribution	REISSUED STATEMEN	T Distributions From
ZIP or foreign postal code, and phone	no.	.e, country,		OMB No. 1545-0119	Pensions, Annuities, Retirement or
PRINCIPAL LIFE INSURANCE CO 711 HIGH STREET)		\$ 8,537.82 2a Taxable amount	1 20 21	Profit-Sharing Plans, IRAs,
DES MOINES, IA 50392-0001				Form 1099-R	Insurance
			\$ 8,537.82 2b Taxable amount	101111 1033-11	Contracts, etc.
			not determined	Total distribution X	7
PAYER'S TIN	RECIPIENT'S TIN		3 Capital gain (included in box 2a)	4 Federal income tax with	held Copy C
42-0127290	XXX-XX-0228		\$	\$ 1,707.56	For Recipient's Records
RECIPIENT'S name, street address (including apt. no.), city or town,					
RECIPIENT'S name, street address (inc	cluding apt. no.), city o	r town,	5 Employee contributions/Designated Roth	6 Net unrealized appreciation	in
state or province, country, and ZIP or GIRIDHAR KANALA	foreign postal code	r town,	5 Employee contributions/Designated Roth contributions or insurance premiums \$	Net unrealized appreciation employer's securities	in
state or province, country, and ZIP or GIRIDHAR KANALA 11100 S RIVER HEIGHTS DR APT	foreign postal code	r town,	contributions or insurance premiums To Distribution code(s) SEP/	employer's securities	in
state or province, country, and ZIP or GIRIDHAR KANALA	foreign postal code	r town,	contributions or insurance premiums 7 Distribution code(s) 1 IRA/ SEP/ SIMPLE	employer's securities \$ 8 Other \$	This information is being furnished to
state or province, country, and ZIP or GIRIDHAR KANALA 11100 S RIVER HEIGHTS DR APT	foreign postal code	r town,	contributions or insurance premiums 7 Distribution code(s) 1 IRA/ SEP/ SIMPLE 9a Your percentage of total distribution	employer's securities \$ 8 Other \$ 9b Total employee contribution	This information is being furnished to
state or province, country, and ZIP or GIRIDHAR KANALA 11100 S RIVER HEIGHTS DR APT SOUTH JORDAN, UT 84095	Fazifa postal code		contributions or insurance premiums 7 Distribution code(s) 1 SEP/ SIMPLE 9a Your percentage of total distribution %	employer's securities \$ 8 Other \$ 9b Total employee contribution \$	This information is being furnished to the IRS.
state or province, country, and ZIP or GIRIDHAR KANALA 11100 S RIVER HEIGHTS DR APT SOUTH JORDAN, UT 84095 10 Amount allocable to IRR within 5 years	foreign postal code	12 FATCA filing requirement	contributions or insurance premiums 7 Distribution code(s) 1 SEPY SIMPLE 9a Your percentage of total distribution 76 14 State tax withheld	employer's securities \$ 8 Other \$ 9b Total employee contribution \$ 15 State/Payer's state no	This information is being furnished to the IRS. 16 State distribution
state or province, country, and ZIP or GIRIDHAR KANALA 11100 S RIVER HEIGHTS DR APT SOUTH JORDAN, UT 84095 10 Amount allocable to IRR within 5 years \$	TA216	12 FATCA filing requirement	contributions or insurance premiums 7 Distribution code(s) 1 SEPY SIMPLE 9a Your percentage of total distribution 76 14 State tax withheld	employer's securities \$ 8 Other \$ 9b Total employee contribution \$	This information is being furnished to the IRS. 16 State distribution \$ 8,537.82
state or province, country, and ZIP or GIRIDHAR KANALA 11100 S RIVER HEIGHTS DR APT SOUTH JORDAN, UT 84095 10 Amount allocable to IRR within 5 years \$ Account number (see instructions) 346754	TA216	12 FATCA filing requirement	contributions or insurance premiums 7 Distribution code(s) 1 SEP/ SIMPLE 9a Your percentage of total distribution 76 14 State tax withheld \$ 17 Local tax withheld	employer's securities 8 Other \$ 9b Total employee contribution \$ 15 State/Payer's state no UT / 12289331003WTH	This information is being furnished to the IRS. 16 State distribution \$ 8,537.82 19 Local distribution
state or province, country, and ZIP or GIRIDHAR KANALA 11100 S RIVER HEIGHTS DR APT SOUTH JORDAN, UT 84095 10 Amount allocable to IRR within 5 years \$ Account number (see instructions) 346754 TRACKING #: 27563147T2	TA216	12 FATCA filling requirement 13 Date of Payment	contributions or insurance premiums 7 Distribution code(s) 1 SEPY SIMPLE 9a Your percentage of total distribution 76 14 State tax withheld	s Other S Data employee contribution S State/Payer's state no UT / 12289331003WTH Name of locality	This information is being furnished to the IRS. 16 State distribution \$ 8,537.82
state or province, country, and ZIP or GIRIDHAR KANALA 11100 S RIVER HEIGHTS DR APT SOUTH JORDAN, UT 84095 10 Amount allocable to IRR within 5 years \$ Account number (see instructions) 346754 TRACKING #: 27563147T2	TA216 11 1st year of desig. Roth contrib.	12 FATCA filling requirement 13 Date of Payment	contributions or insurance premiums 7 Distribution code(s) 1 IRA/ SEP/ SIMPLE 9a Your percentage of total distribution 74 State tax withheld \$ 17 Local tax withheld \$	s Other S Data employee contribution S State/Payer's state no UT / 12289331003WTH Name of locality	This information is being furnished to the IRS. 16 State distribution \$ 8,537.82 19 Local distribution \$
state or province, country, and ZIP or GIRIDHAR KANALA 11100 S RIVER HEIGHTS DR APT SOUTH JORDAN, UT 84095 10 Amount allocable to IRR within 5 years \$ Account number (see instructions) 346754 TRACKING #: 27563147T2	TA216 11 1st year of desig. Roth contrib.	12 FATCA filing requirement 13 Date of Payment www.irs.g	contributions or insurance premiums 7 Distribution code(s) 1 SEP/ SIMPLE 9a Your percentage of total distribution 14 State tax withheld \$ 17 Local tax withheld \$ ov/Form1099R ECTED (if checked)	s Other S Data employee contribution S State/Payer's state no UT / 12289331003WTH Name of locality	This information is being furnished to the IRS. 16 State distribution \$ 8,537.82 19 Local distribution \$ Treasury - Internal Revenue Service
state or province, country, and ZIP or GIRIDHAR KANALA 11100 S RIVER HEIGHTS DR APT SOUTH JORDAN, UT 84095 10 Amount allocable to IRR within 5 years \$ Account number (see instructions) 346754 TRACKING #: 27563147T2	7 A216 11 1st year of desig. Roth contrib.	12 FATCA filing requirement 13 Date of Payment www.irs.g	contributions or insurance premiums 7 Distribution code(s) 1 SEP/ SIMPLE 9a Your percentage of total distribution 74 State tax withheld \$ 17 Local tax withheld \$ ov/Form1099R	employer's securities 8 Other \$ 9b Total employee contribution \$ 15 State/Payer's state no UT / 12289331003WTH 18 Name of locality Department of the	This information is being furnished to the IRS. 16 State distribution \$ 8,537.82 19 Local distribution \$ Treasury - Internal Revenue Service Distributions From Pensions, Annuities,
state or province, country, and ZIP or GIRIDHAR KANALA 11100 S RIVER HEIGHTS DR API SOUTH JORDAN, UT 84095 10 Amount allocable to IRR within 5 years \$ Account number (see instructions) 346754 TRACKING #: 27563147T2 Form 1099-R (Keep DAYER'S name, street address, city or ZIP or foreign postal code, and phone PRINCIPAL LIFE INSURANCE CO	7 A216 11 1st year of desig. Roth contrib. for your records.)	12 FATCA filing requirement 13 Date of Payment www.irs.g	contributions or insurance premiums 7 Distribution code(s) 1 SEP/ SIMPLE 9a Your percentage of total distribution 74 State tax withheld \$ 17 Local tax withheld \$ ov/Form1099R ECTED (if checked) 1 Gross distribution \$ 8,537.82	s Other S Other S Other S 15 State/Payer's state no UT / 12289331003WTH 18 Name of locality Department of the REISSUED STATEMEN' OMB No. 1545-0119	This information is being furnished to the IRS. 16 State distribution \$ 8,537.82 19 Local distribution \$ Treasury - Internal Revenue Service T Distributions From Pensions, Annuities, Retirement or Profit-Sharing
state or province, country, and ZIP or GIRIDHAR KANALA 11100 S RIVER HEIGHTS DR API SOUTH JORDAN, UT 84095 10 Amount allocable to IRR within 5 years \$ Account number (see instructions) 346754 TRACKING #: 27563147T2 Form 1099-R (Keep of ZIP or foreign postal code, and phone PRINCIPAL LIFE INSURANCE COT 11 HIGH STREET	7 A216 11 1st year of desig. Roth contrib. for your records.)	12 FATCA filing requirement 13 Date of Payment www.irs.g	contributions or insurance premiums 7 Distribution code(s) 1 PA/ SEP/ SIMPLE 9a Your percentage of total distribution 7/ 14 State tax withheld \$ 17 Local tax withheld \$ ov/Form1099R CCTED (if checked) 1 Gross distribution \$ 8,537.82 2a Taxable amount	employer's securities 8 Other \$ 9b Total employee contribution \$ 15 State/Payer's state no UT / 12289331003WTH 18 Name of locality Department of the REISSUED STATEMEN' OMB No. 1545-0119 2021	This information is being furnished to the IRS. 16 State distribution \$ 8,537.82 19 Local distribution \$ Treasury - Internal Revenue Service T Distributions From Pensions, Annuities, Retirement or
state or province, country, and ZIP or GIRIDHAR KANALA 11100 S RIVER HEIGHTS DR API SOUTH JORDAN, UT 84095 10 Amount allocable to IRR within 5 years \$ Account number (see instructions) 346754 TRACKING #: 27563147T2 Form 1099-R (Keep DAYER'S name, street address, city or ZIP or foreign postal code, and phone PRINCIPAL LIFE INSURANCE CO	7 A216 11 1st year of desig. Roth contrib. for your records.)	12 FATCA filing requirement 13 Date of Payment www.irs.g	contributions or insurance premiums 7 Distribution code(s) 1 SEPY SIMPLE 9a Your percentage of total distribution 74 State tax withheld \$ 17 Local tax withheld \$ ov/Form1099R ECTED (if checked) 1 Gross distribution \$ 8,537.82 2a Taxable amount \$ 8,537.82	s Other S Other S Other S 15 State/Payer's state no UT / 12289331003WTH 18 Name of locality Department of the REISSUED STATEMEN' OMB No. 1545-0119	This information is being furnished to the IRS. 16 State distribution \$ 8,537.82 19 Local distribution \$ Treasury - Internal Revenue Service T Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs,
state or province, country, and ZIP or GIRIDHAR KANALA 11100 S RIVER HEIGHTS DR API SOUTH JORDAN, UT 84095 10 Amount allocable to IRR within 5 years \$ Account number (see instructions) 346754 TRACKING #: 27563147T2 Form 1099-R (Keep of ZIP or foreign postal code, and phone PRINCIPAL LIFE INSURANCE COT 11 HIGH STREET	7 A216 11 1st year of desig. Roth contrib. for your records.)	12 FATCA filing requirement 13 Date of Payment www.irs.g	contributions or insurance premiums 7 Distribution code(s) 1 PA/ SEP/ SIMPLE 9a Your percentage of total distribution 7/ 14 State tax withheld \$ 17 Local tax withheld \$ ov/Form1099R CCTED (if checked) 1 Gross distribution \$ 8,537.82 2a Taxable amount	employer's securities 8 Other \$ 9b Total employee contribution \$ 15 State/Payer's state no UT / 12289331003WTH 18 Name of locality Department of the REISSUED STATEMEN OMB No. 1545-0119 2021 Form 1099-R	This information is being furnished to the IRS. 16 State distribution \$ 8,537.82 19 Local distribution \$ Treasury - Internal Revenue Service T Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance
state or province, country, and ZIP or GIRIDHAR KANALA 11100 S RIVER HEIGHTS DR API SOUTH JORDAN, UT 84095 10 Amount allocable to IRR within 5 years \$ Account number (see instructions) 346754 TRACKING #: 27563147T2 Form 1099-R (Keep of ZIP or foreign postal code, and phone PRINCIPAL LIFE INSURANCE COT 11 HIGH STREET	7 A216 11 1st year of desig. Roth contrib. for your records.)	12 FATCA filing requirement 13 Date of Payment www.irs.g	contributions or insurance premiums 7 Distribution code(s) 1 PA/ SEP/ SIMPLE 9a Your percentage of total distribution 9/ 14 State tax withheld \$ 17 Local tax withheld \$ ov/Form1099R CCTED (if checked) 1 Gross distribution \$ 8,537.82 2a Taxable amount \$ 8,537.82 2b Taxable amount	employer's securities 8 Other \$ 9b Total employee contribution \$ 15 State/Payer's state no UT / 12289331003WTH 18 Name of locality Department of the REISSUED STATEMEN' OMB No. 1545-0119 2021 Form 1099-R	This information is being furnished to the IRS. 16 State distribution \$ 8,537.82 19 Local distribution \$ Treasury - Internal Revenue Service T Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2 File this copy
state or province, country, and ZIP or GIRIDHAR KANALA 11100 S RIVER HEIGHTS DR API SOUTH JORDAN, UT 84095 10 Amount allocable to IRR within 5 years \$ Account number (see instructions) 346754 TRACKING #: 27563147T2 Form 1099-R (Keep or ZIP or foreign postal code, and phone PRINCIPAL LIFE INSURANCE COT 11 HIGH STREET DES MOINES, IA 50392-0001	7 A216 11 1st year of desig. Roth contrib. for your records.) town, state or provincing.	12 FATCA filing requirement 13 Date of Payment www.irs.g	contributions or insurance premiums 7 Distribution code(s) 1 PAV SEPY SIMPLE 9a Your percentage of total distribution 74 State tax withheld \$ 17 Local tax withheld \$ cov/Form1099R ECTED (if checked) 1 Gross distribution \$ 8,537.82 2a Taxable amount \$ 8,537.82 2b Taxable amount not determined 3 Capital gain (included in box 2a)	employer's securities 8 Other \$ 15 Total employee contribution \$ 15 State/Payer's state no UT / 12289331003WTH 18 Name of locality Department of the REISSUED STATEMEN OMB No. 1545-0119 2021 Form 1099-R Total distribution X 4 Federal income tax with	This information is being furnished to the IRS. 16 State distribution \$ 8,537.82 19 Local distribution \$ Treasury - Internal Revenue Service T Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2
state or province, country, and ZIP or GIRIDHAR KANALA 11100 S RIVER HEIGHTS DR APT SOUTH JORDAN, UT 84095 10 Amount allocable to IRR within 5 years \$ Account number (see instructions) 346754 TRACKING #: 27563147T2 Form 1099-R (Keep	TA216 TO YOUR RECIPIENT'S TIN XXX-XX-0228 Sluding apt. no.), city of	12 FATCA filing requirement 13 Date of Payment www.irs.g	contributions or insurance premiums 7 Distribution code(s) 1 SEPY SIMPLE 9a Your percentage of total distribution 74 State tax withheld \$ 17 Local tax withheld \$ cov/Form1099R CTED (if checked) 1 Gross distribution \$ 8,537.82 2a Taxable amount \$ 8,537.82 2b Taxable amount not determined 3 Capital gain (included in box 2a) \$ 5 Employee contributions/Designated Roth	s Other \$ 9b Total employee contribution \$ 15 State/Payer's state no UT / 12289331003WTH 18 Name of locality Department of the REISSUED STATEMENT OMB No. 1545-0119 2021 Form 1099-R Total distribution X 4 Federal income tax with \$ 1,707.56 6 Net unrealized appreciation	This information is being furnished to the IRS. 16 State distribution \$ 8,537.82 19 Local distribution \$ Treasury - Internal Revenue Service T Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2 File this copy with your state, city, or local income tax
state or province, country, and ZIP or GIRIDHAR KANALA 11100 S RIVER HEIGHTS DR APT SOUTH JORDAN, UT 84095 10 Amount allocable to IRR within 5 years \$ \$ Account number (see instructions) 346754 TRACKING #: 27563147T2 Form 1099-R (Keep of IRR of State or province, and phone PRINCIPAL LIFE INSURANCE CONTINUES MOINES, IA 50392-0001 PAYER'S TIN 42-0127290 RECIPIENT'S name, street address (incompared to province, country, and ZIP or GIRIDHAR KANALA	7 A216 11 1st year of desig. Roth contrib. for your records.) town, state or province. The state of province of the state of province of the state of the sta	12 FATCA filing requirement 13 Date of Payment www.irs.g	contributions or insurance premiums 7 Distribution code(s) 1 PAV SEPY SIMPLE 9a Your percentage of total distribution 74 State tax withheld \$ 17 Local tax withheld \$ cov/Form1099R ECTED (if checked) 1 Gross distribution \$ 8,537.82 2a Taxable amount \$ 8,537.82 2b Taxable amount not determined 3 Capital gain (included in box 2a) \$	employer's securities 8 Other \$ 15 State/Payer's state no UT / 12289331003WTH 18 Name of locality Department of the REISSUED STATEMEN' OMB No. 1545-0119 2021 Form 1099-R Total distribution X 4 Federal income tax with \$ 1,707.56	This information is being furnished to the IRS. 16 State distribution \$ 8,537.82 19 Local distribution \$ Treasury - Internal Revenue Service T Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2 File this copy with your state, city, or local income tax
state or province, country, and ZIP or GIRIDHAR KANALA 11100 S RIVER HEIGHTS DR APT SOUTH JORDAN, UT 84095 10 Amount allocable to IRR within 5 years \$ \$ Account number (see instructions) 346754 TRACKING #: 27563147T2 Form 1099-R (Keep of IRR of the April of the April of Toreign postal code, and phone PRINCIPAL LIFE INSURANCE CONTINUED TO THE APTIL OF T	7 A216 11 1st year of desig. Roth contrib. for your records.) town, state or province. The state of province of the state of province of the state of the sta	12 FATCA filing requirement 13 Date of Payment www.irs.g	contributions or insurance premiums 7 Distribution code(s) 1	employer's securities 8 Other \$ 9b Total employee contribution \$ 15 State/Payer's state no UT / 12289331003WTH 18 Name of locality Department of the REISSUED STATEMEN' OMB No. 1545-0119 2021 Form 1099-R Total distribution X 4 Federal income tax with \$ 1,707.56 6 Net unrealized appreciation employer's securities	This information is being furnished to the IRS. 16 State distribution \$ 8,537.82 19 Local distribution \$ treasury - Internal Revenue Service T Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2 File this copy with your state, city, or local income tax return, when
state or province, country, and ZIP or GIRIDHAR KANALA 11100 S RIVER HEIGHTS DR APT SOUTH JORDAN, UT 84095 10 Amount allocable to IRR within 5 years \$ \$ Account number (see instructions) 346754 TRACKING #: 27563147T2 Form 1099-R (Keep of IRR of State or province, and phone PRINCIPAL LIFE INSURANCE CONTINUES MOINES, IA 50392-0001 PAYER'S TIN 42-0127290 RECIPIENT'S name, street address (incompared to province, country, and ZIP or GIRIDHAR KANALA	7 A216 11 1st year of desig. Roth contrib. for your records.) town, state or province. The state of province of the state of province of the state of the sta	12 FATCA filing requirement 13 Date of Payment www.irs.g	contributions or insurance premiums 7 Distribution code(s) 1 PA/ SEP/ SIMPLE 9a Your percentage of total distribution 7/ 14 State tax withheld \$ 17 Local tax withheld \$ ov/Form1099R ECTED (if checked) 1 Gross distribution \$ 8,537.82 2a Taxable amount	employer's securities 8 Other \$ 15 State/Payer's state no UT / 12289331003WTH 18 Name of locality Department of the REISSUED STATEMEN' OMB No. 1545-0119 2021 Form 1099-R Total distribution X 4 Federal income tax with \$ 1,707.56 6 Net unrealized appreciation employer's securities \$	This information is being furnished to the IRS. 16 State distribution \$ 8,537.82 19 Local distribution \$ treasury - Internal Revenue Service T Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2 File this copy with your state, city, or local income tax return, when
state or province, country, and ZIP or GIRIDHAR KANALA 11100 S RIVER HEIGHTS DR APT SOUTH JORDAN, UT 84095 10 Amount allocable to IRR within 5 years \$ \$ Account number (see instructions) 346754 TRACKING #: 27563147T2 Form 1099-R (Keep of IRR of the April of the April of Toreign postal code, and phone PRINCIPAL LIFE INSURANCE CONTINUED TO THE APTIL OF T	7 A216 11 1st year of desig. Roth contrib. for your records.) town, state or province. The state of province of the state of province of the state of the sta	12 FATCA filing requirement 13 Date of Payment www.irs.g	contributions or insurance premiums 7 Distribution code(s) 1	employer's securities 8 Other \$ 9b Total employee contribution \$ 15 State/Payer's state no UT / 12289331003WTH 18 Name of locality Department of the REISSUED STATEMEN OMB No. 1545-0119 2021 Form 1099-R Total distribution X 4 Federal income tax with \$ 1,707.56 6 Net unrealized appreciation employer's securities \$ 8 Other	This information is being furnished to the IRS. 16 State distribution \$ 8,537.82 19 Local distribution \$ Treasury - Internal Revenue Service T Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2 File this copy with your state, city, or local income tax return, when required.
state or province, country, and ZIP or GIRIDHAR KANALA 11100 S RIVER HEIGHTS DR API SOUTH JORDAN, UT 84095 10 Amount allocable to IRR within 5 years \$ Account number (see instructions) 346754 TRACKING #: 27563147T2 Form 1099-R (Keep or ZIP or foreign postal code, and phone PRINCIPAL LIFE INSURANCE COT 11 HIGH STREET DES MOINES, IA 50392-0001 PAYER'S TIN 42-0127290 RECIPIENT'S name, street address (instate or province, country, and ZIP or GIRIDHAR KANALA 11100 S RIVER HEIGHTS DR API SOUTH JORDAN, UT 84095	TA216	12 FATCA filing requirement 13 Date of Payment www.irs.g CORRE e, country,	contributions or insurance premiums 7 Distribution code(s) 1 SEP/ SIMPLE 9a Your percentage of total distribution 7 14 State tax withheld \$ 17 Local tax withheld \$ cov/Form1099R ECTED (if checked) 1 Gross distribution \$ 8,537.82 2a Taxable amount \$ 8,537.82 2b Taxable amount not determined 3 Capital gain (included in box 2a) \$ 5 Employee contributions/Designated Roth contributions or insurance premiums \$ 7 Distribution code(s) 1 SEP/ SIMPLE 9a Your percentage of total distribution %	employer's securities 8 Other \$ 15 State/Payer's state no UT / 12289331003WTH 18 Name of locality Department of the REISSUED STATEMEN OMB No. 1545-0119 2021 Form 1099-R Total distribution X 4 Federal income tax with \$ 1,707.56 6 Net unrealized appreciation employer's securities \$ 8 Other \$ 9b Total employee contribution \$ \$	This information is being furnished to the IRS. 16 State distribution \$ 8,537.82 19 Local distribution \$ Treasury - Internal Revenue Service T Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2 File this copy with your state, city, or local income tax return, when required.
state or province, country, and ZIP or GIRIDHAR KANALA 11100 S RIVER HEIGHTS DR APT SOUTH JORDAN, UT 84095 10 Amount allocable to IRR within 5 years \$ Account number (see instructions) 346754 TRACKING #: 27563147T2 Form 1099-R (Keep PAYER'S name, street address, city or ZIP or foreign postal code, and phone PRINCIPAL LIFE INSURANCE COTAIN HIGH STREET DES MOINES, IA 50392-0001 PAYER'S TIN 42-0127290 RECIPIENT'S name, street address (instate or province, country, and ZIP or GIRIDHAR KANALA 11100 S RIVER HEIGHTS DR APT SOUTH JORDAN, UT 84095	7 A216 11 1st year of desig. Roth contrib. for your records.) town, state or province. The state of province of the state of province of the state of the sta	12 FATCA filing requirement 13 Date of Payment www.irs.g	contributions or insurance premiums 7 Distribution code(s) 1	employer's securities 8 Other \$ 15 State/Payer's state no UT / 12289331003WTH 18 Name of locality Department of the REISSUED STATEMEN OMB No. 1545-0119 2021 Form 1099-R Total distribution X 4 Federal income tax with \$ 1,707.56 6 Net unrealized appreciation employer's securities \$ 0ther \$ 9b Total employee contribution	This information is being furnished to the IRS. 16 State distribution \$ 8,537.82 19 Local distribution \$ Treasury - Internal Revenue Service T Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2 File this copy with your state, city, or local income tax return, when required.
state or province, country, and ZIP or GIRIDHAR KANALA 11100 S RIVER HEIGHTS DR APT SOUTH JORDAN, UT 84095 10 Amount allocable to IRR within 5 years \$ Account number (see instructions) 346754 TRACKING #: 27563147T2 Form 1099-R (Keep	7 A216 11 1st year of desig. Roth contrib. for your records.) town, state or province. The state of province of the state o	12 FATCA filling requirement 13 Date of Payment www.irs.g CORRE e, country,	contributions or insurance premiums 7 Distribution code(s) 1 SEP/ SIMPLE 9a Your percentage of total distribution 7 14 State tax withheld \$ 17 Local tax withheld \$ cov/Form1099R ECTED (if checked) 1 Gross distribution \$ 8,537.82 2a Taxable amount \$ 8,537.82 2b Taxable amount not determined 3 Capital gain (included in box 2a) \$ 5 Employee contributions/Designated Roth contributions or insurance premiums \$ 7 Distribution code(s) 1 SEP/ SIMPLE 9a Your percentage of total distribution %	employer's securities 8 Other \$ 15 State/Payer's state no UT / 12289331003WTH 18 Name of locality Department of the REISSUED STATEMEN OMB No. 1545-0119 2021 Form 1099-R Total distribution X 4 Federal income tax with \$ 1,707.56 6 Net unrealized appreciation employer's securities \$ 8 Other \$ 9b Total employee contribution \$ \$	This information is being furnished to the IRS. 16 State distribution \$ 8,537.82 19 Local distribution \$ Treasury - Internal Revenue Service T Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2 File this copy with your state, city, or local income tax return, when required.