	CORRECTE	D (if checked)					•	Distributions From
PAYER'S TIN 04-6568107		RECIPIENT'S TIN		1 Gross distribution	75. 02	OMB No. 1545-0119		Pensions, Annuities, Retirement or
04-0300107		***************************************		\$1,4	73.02	2021		Profit-Sharing Plans,
PAYER'S name, street a		nd ZIP code		2a Taxable amount				IRAs, Insurance
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS CO.					\$0.00	Form 1099-R		Contracts, etc.
100 MAGELLAN WAY KW1C				2b Taxable amount	П	Total X		Сору В
COVINGTON,				not determined	Ш	distribution		Report this income
38846		1-800-425-2	2363	3 Capital gain (include		4 Federal income tax v		on your federal tax
OPEN TEXT I	NC 401K P	LAN			\$0.00		\$0.00	return. If this form
DECIDIENT'S name atro	ant address (including	g apt. no.), city, state, and ZIP	aada	5 Employee contrib/de	oia Doth	6 Net unrealized apprec	piotion	shows federal income tax withheld in box 4,
eDelivery	eet address (including	g apt. 110.), city, state, and ZIP	code	contrib or insurance	-	in employer's securitie		attach this copy
,					\$0.00	. , .,	\$0.00	to your return.
SANDEEP GUPTA 826 W 880 N				7 Distribution code(s)	IRA/SEP/	8 Other	%	This information is being
826 W 880 N OREM, UT 84057				G	SIMPLE		\$0.00	furnished to the Internal Revenue Service.
OKLIVI, UI	04037			9a Your percentage of		9b Total employee cont		10 Amount allocable to IRR
				total distribution				within 5 years
					%	\$		\$0.00
				14 State tax withheld		15 State/Payer's state r	10.	16 State distribution
Account number (see ins	structions)	11 1st year of desig.Roth	12 FATCA filing	1	\$0.00	UT 1298102:	3002WTH	\$
202201080213		contrib.	requirement	13 Date of payment	Ψ0. 00	1270102	300 <u>2 II 111</u>	┦
Form 1099-R	•					Departn	nent of the Trea	asury - Internal Revenue Service
		*38846	00000000021R	*				
	CORRECTE	D (if checked)						Distributions From
PAYER'S TIN		RECIPIENT'S TIN		1 Gross distribution		OMB No. 1545-0119		Pensions, Annuities,
04-6568107		xxx-xx-4468		\$1, 4	75. 02	2021		Retirement or
PAYER'S name, street a	uddraga aitu atata ar	nd ZID code		2a Taxable amount		2021		Profit-Sharing Plans, IRAs, Insurance
FIDELITY IN		id ZIF Code		Za Taxable alliount	\$0.00	Form 1099-R		Contracts, etc.
I NSTI TUTI ON	IAL OPERAT	IONS CO.						
100 MAGELLA				2b Taxable amount		Total		Сору С
COVI NGTON, 38846	KY 41015	-1987 1-800-425-2	2242	not determined		distribution	20.1	For Recipient's
OPEN TEXT I	NC 401K P		2303	3 Capital gain (include	\$0. 00	4 Federal income tax v	\$0.00	Records
OI EN TEXT T	110 4011 1	LAN			ψ0. 00		ψ0. 00	
RECIPIENT'S name, stre	eet address (including	g apt. no.), city, state, and ZIP	code	5 Employee contrib/de	sig Roth	6 Net unrealized apprec	ciation	
				contrib or insurance		in employer's securities		
CANDEED OUDTA								
CVNDEED	CHDTA			7 Distribustion and (a)	\$0.00	0 Oth	\$0. <u>00</u>	This information is hely a
SANDEEP 826 W 88				7 Distribution code(s)	IRA/SEP/	8 Other	\$0. 00 %	This information is being
SANDEEP 826 W 88 OREM, UT	30 N			7 Distribution code(s)	+	8 Other		This information is being furnished to the Internal Revenue Service.
826 W 88	30 N			G 9a Your percentage of	IRA/SEP/ SIMPLE	8 Other 9b Total employee cont	% \$0. 00	furnished to the Internal Revenue Service. 10 Amount allocable to IRR
826 W 88	30 N			G	IRA/SEP/ SIMPLE	9b Total employee conf	% \$0. 00	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years
826 W 88	30 N			G 9a Your percentage of total distribution	IRA/SEP/ SIMPLE	9b Total employee conf	\$0.00	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00
826 W 88	30 N			G 9a Your percentage of	IRA/SEP/ SIMPLE	9b Total employee cont \$ 15 State/Payer's state r	\$0.00 cributions	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution
826 W 88 OREM, UT	80 N 84057	11 1st year of desig.Roth	12 FATCA filing	G 9a Your percentage of total distribution 14 State tax withheld	IRA/SEP/ SIMPLE	9b Total employee conf	\$0.00 cributions	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution
826 W 88 OREM, UT	80 N 84057	11 1st year of desig.Roth contrib.	requirement	G 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment	IRA/SEP/ SIMPLE	9b Total employee cont \$ 15 State/Payer's state r UT 12981023	\$0.00 rributions	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$
826 W 88 OREM, UT	80 N 84057			G 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment	IRA/SEP/ SIMPLE	9b Total employee cont \$ 15 State/Payer's state r UT 12981023	\$0.00 rributions	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00
826 W 88 OREM, UT	80 N 84057		requirement	G 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment	IRA/SEP/ SIMPLE	9b Total employee cont \$ 15 State/Payer's state r UT 12981023	\$0.00 rributions	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$
826 W 88 OREM, UT	80 N 84057 structions) 806438116	contrib.	requirement	G 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment	IRA/SEP/ SIMPLE	9b Total employee cont \$ 15 State/Payer's state r UT 12981023	\$0.00 rributions	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$ surry - Internal Revenue Service
826 W 88 OREM, UT Account number (see ins 202201080213 Form 1099-R	80 N 84057 structions) 806438116	contrib. D (if checked)	requirement	G 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment ecords)	IRA/SEP/ SIMPLE	9b Total employee cont \$ 15 State/Payer's state r UT 12981023	\$0.00 rributions	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$ asury - Internal Revenue Service Distributions From
826 W 88 OREM, UT	80 N 84057 structions) 806438116	D (if checked)	requirement	G 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment ecords)	IRA/SEP/ SIMPLE %	9b Total employee cont \$ 15 State/Payer's state r UT 1298102: Departn	\$0.00 rributions	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$ asury - Internal Revenue Service Distributions From Pensions, Annuities,
Account number (see ins 202201080213) Form 1099-R	80 N 84057 structions) 806438116	contrib. D (if checked)	requirement	G 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment ecords)	IRA/SEP/ SIMPLE	9b Total employee cont \$ 15 State/Payer's state r UT 12981023	\$0.00 rributions	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$ asury - Internal Revenue Service Distributions From
Account number (see ins 202201080213) Form 1099-R PAYER'S TIN 04-6568107 PAYER'S name, street a	structions) 306438116 CORRECTE	D (if checked) RECIPIENT'S TIN XXX-XX-4468	requirement	G 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment ecords)	## ## ## ## ## ## ## ## ## ## ## ## ##	9b Total employee cont \$ 15 State/Payer's state r UT 1298102: Departn	\$0.00 rributions	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$ surry - Internal Revenue Service Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance
Account number (see ins 202201080213 Form 1099-R PAYER'S TIN 04-6568107 PAYER'S name, street a FI DELI TY I N	structions) 306438116 CORRECTE address, city, state, ar	D (if checked) RECIPIENT'S TIN XXX - XX - 4468 Id ZIP code	requirement	G 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment ecords) 1 Gross distribution \$1,4	IRA/SEP/ SIMPLE %	9b Total employee cont \$ 15 State/Payer's state r UT 1298102: Departn	\$0.00 rributions	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$ assury - Internal Revenue Service Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans,
Account number (see ins 202201080213 Form 1099-R PAYER'S TIN 04-6568107 PAYER'S name, street a FI DELI TY I N I NSTI TUTI ON	structions) BO6438116 CORRECTE dddress, city, state, ar	D (if checked) RECIPIENT'S TIN XXX-XX-4468 Id ZIP code I ONS CO.	requirement	G 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment ecords) 1 Gross distribution \$1, 4	## ## ## ## ## ## ## ## ## ## ## ## ##	9b Total employee cont \$ 15 State/Payer's state r UT 12981023 Departn OMB No. 1545-0119 2021 Form 1099-R	\$0.00 ributions no. 3002WTH	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$ asury - Internal Revenue Service Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
Account number (see ins 202201080213 Form 1099-R PAYER'S TIN 04-6568107 PAYER'S name, street a FI DELI TY I N	SO N 84057 structions) 306438116 CORRECTE dddress, city, state, ar VESTMENTS IAL OPERAT IN WAY KW	D (if checked) RECIPIENT'S TIN XXX-XX-4468 I ONS CO. 1C	requirement	G 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment ecords) 1 Gross distribution \$1, 4 2a Taxable amount	## ## ## ## ## ## ## ## ## ## ## ## ##	9b Total employee cont \$ 15 State/Payer's state r UT 12981023 Departn OMB No. 1545-0119 2021	\$0.00 ributions no. 3002WTH	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$ asury - Internal Revenue Service Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
Account number (see ins 202201080213) Form 1099-R PAYER'S TIN 04-6568107 PAYER'S name, street a FI DELI TY IN INSTITUTION 100 MAGELLA COVI NGTON, 38846	structions) 306438116 CORRECTE dddress, city, state, ar IVESTMENTS IAL OPERAT IN WAY KW KY 41015	D (if checked) RECIPIENT'S TIN XXX-XX-4468 Id ZIP code I ONS CO. 1C -1987 1-800-425-2	requirement (keep for your re	G 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment ecords) 1 Gross distribution \$1, 4	\$0.00	9b Total employee cont \$ 15 State/Payer's state r UT 12981023 Departed OMB No. 1545-0119 2021 Form 1099-R Total	\$0.00 ributions no. 3002WTH	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$ asury - Internal Revenue Service Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
Account number (see ins 202201080213) Form 1099-R PAYER'S TIN 04 - 6568107 PAYER'S name, street a FI DELI TY IN INSTITUTI ON 100 MAGELLA COVI NGTON,	structions) 306438116 CORRECTE dddress, city, state, ar IVESTMENTS IAL OPERAT IN WAY KW KY 41015	D (if checked) RECIPIENT'S TIN XXX-XX-4468 Id ZIP code I ONS CO. 1C -1987 1-800-425-2	requirement (keep for your re	G 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment ecords) 1 Gross distribution \$1, 4 2a Taxable amount not determined	\$0.00	9b Total employee cont \$ 15 State/Payer's state r UT 12981023 Departn OMB No. 1545-0119 2021 Form 1099-R Total X distribution	\$0.00 ributions no. 3002WTH	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$ asury - Internal Revenue Service Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2 File this copy with your state, city, or local
Account number (see ins 202201080213) Form 1099-R PAYER'S TIN 04-6568107 PAYER'S name, street a FI DELI TY I N I NSTI TUTI ON 100 MAGELLA COVI NGTON, 38846 OPEN TEXT I	structions) 306438116 CORRECTE ddress, city, state, are IVESTMENTS IAL OPERAT IN WAY KW KY 41015 NC 401K P	D (if checked) RECIPIENT'S TIN XXX-XX-4468 ad ZIP code I ONS CO. 1C -1987 1-800-425-2	requirement (keep for your re	G 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment ecords) 1 Gross distribution \$1, 4 2a Taxable amount 2b Taxable amount not determined 3 Capital gain (include	### ### ##############################	9b Total employee cont \$ 15 State/Payer's state r UT 12981023 Departn OMB No. 1545-0119 2021 Form 1099-R Total X distribution 4 Federal income tax w	\$0. 00 ributions no. 3002WTH nent of the Trea	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$ surry - Internal Revenue Service 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
Account number (see ins 202201080213) Form 1099-R PAYER'S TIN 04-6568107 PAYER'S name, street a FI DELI TY I N I NSTI TUTI ON 100 MAGELLA COVI NGTON, 38846 OPEN TEXT I	structions) 306438116 CORRECTE ddress, city, state, are IVESTMENTS IAL OPERAT IN WAY KW KY 41015 NC 401K P	D (if checked) RECIPIENT'S TIN XXX-XX-4468 Id ZIP code I ONS CO. 1C -1987 1-800-425-2	requirement (keep for your re	G 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment ecords) 1 Gross distribution \$1, 4 2a Taxable amount not determined 3 Capital gain (include	## ## ## ## ## ## ## ## ## ## ## ## ##	9b Total employee cont \$ 15 State/Payer's state r UT 12981023 Departed OMB No. 1545-0119 2021 Form 1099-R Total X distribution 4 Federal income tax w 6 Net unrealized appreed	\$0. 00 ributions no. 3002WTH nent of the Trea	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$ surry - Internal Revenue Service 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
Account number (see ins 202201080213) Form 1099-R PAYER'S TIN 04-6568107 PAYER'S name, street a FI DELI TY I N I NSTI TUTI ON 100 MAGELLA COVI NGTON, 38846 OPEN TEXT I	structions) 306438116 CORRECTE ddress, city, state, are IVESTMENTS IAL OPERAT IN WAY KW KY 41015 NC 401K P	D (if checked) RECIPIENT'S TIN XXX-XX-4468 ad ZIP code I ONS CO. 1C -1987 1-800-425-2	requirement (keep for your re	G 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment ecords) 1 Gross distribution \$1, 4 2a Taxable amount not determined 3 Capital gain (include	## ## ## ## ## ## ## ## ## ## ## ## ##	9b Total employee cont \$ 15 State/Payer's state r UT 12981023 Departn OMB No. 1545-0119 2021 Form 1099-R Total X distribution 4 Federal income tax w	\$0. 00 ributions no. 3002WTH nent of the Trea	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$ surry - Internal Revenue Service 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
Account number (see ins 202201080213) Form 1099-R PAYER'S TIN 04-6568107 PAYER'S name, street a FI DELI TY IN INSTITUTI ON 100 MAGELLA COVI NGTON, 38846 OPEN TEXT I RECIPIENT'S name, stree	structions) SIDENTIFY STATE OF THE STATE OF	D (if checked) RECIPIENT'S TIN XXX-XX-4468 ad ZIP code I ONS CO. 1C -1987 1-800-425-2	requirement (keep for your re	G 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment ecords) 1 Gross distribution \$1, 4 2a Taxable amount not determined 3 Capital gain (include	## 18 ## 18	9b Total employee cont \$ 15 State/Payer's state r UT 12981023 Departed OMB No. 1545-0119 2021 Form 1099-R Total X distribution 4 Federal income tax w 6 Net unrealized appreed	\$0.00 Irributions Inc. 3002WTH Inent of the Trea Irrivithheld \$0.00 Citation Description Solution	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$ surry - Internal Revenue Service 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
Account number (see ins 202201080213) Form 1099-R PAYER'S TIN 04-6568107 PAYER'S name, street a FI DELI TY IN INSTITUTION 100 MAGELLA COVI NGTON, 38846 OPEN TEXT I RECIPIENT'S name, street SANDEEP 826 W 88	structions) BO6438116 CORRECTE INCORRECTE INCORECTE INCORRECTE INCORRECTE INCORRECTE INCORRECTE INCORRECTE	D (if checked) RECIPIENT'S TIN XXX-XX-4468 ad ZIP code I ONS CO. 1C -1987 1-800-425-2	requirement (keep for your re	G 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment ecords) 1 Gross distribution \$1, 4 2a Taxable amount not determined 3 Capital gain (include contrib or insurance 7 Distribution code(s)	## ## ## ## ## ## ## ## ## ## ## ## ##	9b Total employee cont \$ 15 State/Payer's state r UT 12981023 Departed OMB No. 1545-0119 2021 Form 1099-R Total X distribution 4 Federal income tax v 6 Net unrealized apprecine employer's securities	\$0.00 ributions no. 3002WTH ment of the Trea vithheld \$0.00 ciation es \$0.00	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$ surry - Internal Revenue Service 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
Account number (see ins 202201080213) Form 1099-R PAYER'S TIN 04-6568107 PAYER'S name, street a FI DELI TY IN INSTITUTI ON 100 MAGELLA COVI NGTON, 38846 OPEN TEXT I RECIPIENT'S name, stree	structions) BO6438116 CORRECTE INCORRECTE INCORECTE INCORRECTE INCORRECTE INCORRECTE INCORRECTE INCORRECTE	D (if checked) RECIPIENT'S TIN XXX-XX-4468 ad ZIP code I ONS CO. 1C -1987 1-800-425-2	requirement (keep for your re	G 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment ecords) 1 Gross distribution \$1, 4 2a Taxable amount not determined 3 Capital gain (include contrib or insurance 7 Distribution code(s)	## 18 ## 18	9b Total employee cont \$ 15 State/Payer's state r UT 12981023 Departn OMB No. 1545-0119 2021 Form 1099-R Total X distribution 4 Federal income tax v 6 Net unrealized apprecin employer's securities 8 Other	\$0.00 ributions no. 3002WTH nent of the Trea vithheld \$0.00 ciation ess \$0.00 \$0.00	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$ surry - Internal Revenue Service 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
Account number (see ins 202201080213) Form 1099-R PAYER'S TIN 04-6568107 PAYER'S name, street a FI DELI TY IN INSTITUTION 100 MAGELLA COVI NGTON, 38846 OPEN TEXT I RECIPIENT'S name, street SANDEEP 826 W 88	structions) BO6438116 CORRECTE INCORRECTE INCORECTE INCORRECTE INCORRECTE INCORRECTE INCORRECTE INCORRECTE	D (if checked) RECIPIENT'S TIN XXX-XX-4468 ad ZIP code I ONS CO. 1C -1987 1-800-425-2	requirement (keep for your re	G 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment ecords) 1 Gross distribution \$1, 4 2a Taxable amount not determined 3 Capital gain (include contrib or insurance 7 Distribution code(s)	## STATE OF THE PROPERTY OF TH	9b Total employee cont \$ 15 State/Payer's state r UT 12981023 Departed OMB No. 1545-0119 2021 Form 1099-R Total X distribution 4 Federal income tax v 6 Net unrealized apprecine employer's securities	\$0.00 ributions no. 3002WTH nent of the Trea vithheld \$0.00 ciation ess \$0.00 \$0.00	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$ surry - Internal Revenue Service 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
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Account number (see ins 202201080213) Form 1099-R PAYER'S TIN 04-6568107 PAYER'S name, street a FI DELI TY IN INSTITUTION 100 MAGELLA COVI NGTON, 38846 OPEN TEXT I RECIPIENT'S name, street SANDEEP 826 W 88	structions) BO6438116 CORRECTE INCORRECTE INCORECTE INCORRECTE INCORRECTE INCORRECTE INCORRECTE INCORRECTE	D (if checked) RECIPIENT'S TIN XXX-XX-4468 ad ZIP code I ONS CO. 1C -1987 1-800-425-2	requirement (keep for your re	G 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment ecords) 1 Gross distribution \$1, 4 2a Taxable amount not determined 3 Capital gain (include contrib or insurance 7 Distribution code(s) G 9a Your percentage of	## STATE OF THE PROPERTY OF TH	9b Total employee cont \$ 15 State/Payer's state r UT 12981023 Departin OMB No. 1545-0119 2021 Form 1099-R Total X distribution 4 Federal income tax w 6 Net unrealized apprecinemployer's securities 8 Other 9b Total employee cont	\$0. 00 rributions no. 3002WTH nent of the Trea rithheld \$0. 00 citation as \$0. 00 rributions	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$ surry - Internal Revenue Service 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
Account number (see ins 202201080213) Form 1099-R PAYER'S TIN 04-6568107 PAYER'S name, street a FI DELI TY I N I NSTI TUTI ON 100 MAGELLA COVI NGTON, 38846 OPEN TEXT I RECIPIENT'S name, street a SANDEEP 826 W 88 OREM, UT	structions) BO6438116 CORRECTE CORRECT CORRECTE CORRECTE CORRECTE CORRECTE CORRECTE CORRECTE CORRECTE	D (if checked) RECIPIENT'S TIN XXX - XX - 4468 Id ZIP code I ONS CO. 1C - 1987 1 - 800 - 425 - 2 LAN g apt. no.), city, state, and ZIP	requirement (keep for your re	G 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment ecords) 1 Gross distribution \$1, 4 2a Taxable amount not determined 3 Capital gain (include contrib or insurance 7 Distribution code(s) G 9a Your percentage of total distribution	## 18 ## 18	9b Total employee cont \$ 15 State/Payer's state r UT 12981023 Departed OMB No. 1545-0119 2021 Form 1099-R Total X distribution 4 Federal income tax w 6 Net unrealized apprecinemployer's securities 8 Other 9b Total employee cont \$ 15 State/Payer's state r	\$0.00 Including the second of	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$ sury - Internal Revenue Service 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 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution
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Instructions for Recipient

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 did not 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 is not required to compute the taxable amount. See the instructions for your tax return to determine the taxable amount. If you are at least age 72, you must take minimum distributions from your IRA (other than a Roth IRA). If you do not, you are subject to a 50% excise tax on the amount that should have 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 is not 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 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 you received 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, as nonperiodic payments, or as a total distribution. Report the amount on Form 1040, 1040-SR or 1040-NR on the line for "IRAs, pensions and annuities" (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 have not 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 contributions, or excess aggregate contributions except if the distribution is of designated Roth contributions or your after-tax contributions or if you are self-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 purchase of qualified long-term care insurance, an amount will be shown in this box and Code W will be shown in box 7. You need not report these amounts on your tax return .If code C is shown in box 7, 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 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 sec. 403(b) plan, or governmental sec. 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 qualified plan, sec. 403(b) plan, or governmental sec. 457(b) plan to a designated Roth account in the same plan or to a Roth IRA, (Continued on the back of Copy C.)

Instructions for Recipient (Continued)

you must include 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 are 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 are 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 has not 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 is your responsibility to 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 are 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 (Forms 1040 and 1040-SR)). 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 will receive payments next year that are not eligible rollover distributions, you can change your withholding or elect not to have income tax withheld by giving the payer Form W-4P. 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 is 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 life insurance contract reportable under section 6050Y

This box does not 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 the 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 did not receive a lump-sum distribution, the amount shown is the NUA attributable to employee contributions, which is not 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 ½). 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.

(Continued on the back of Copy 2.)

Instructions for Recipient (Continued)

D-Annuity payments from nonqualified annuities that may be subject to tax under section 1411. E—Distributions under Employee Plans Compliance Resolution System (EPCRS). F—Charitable gift annuity. G—Direct rollover of a distribution to a qualified plan, a section 403(b) plan, a governmental section 457(b) plan, or an IRA. H—Direct rollover of a designated Roth account distribution to a Roth IRA, J—Early distribution from a Roth IRA, on known exception (in most cases, under age 59 ½). K – Distribution of traditional IRA assets not having a readily available FMV. L—Loans treated as distributions. M—Qualified plan loan offset. N—Recharacterized IRA contribution made for 2021 and recharacterized in 2021. P—Excess contributions plus earnings/excess deferrals (and/or earnings) taxable in 2020. Q—Qualified distribution from a Roth IRA. R—Recharacterized IRA contribution made for 2020 and recharacterized in 2021 S—Early distribution from a SIMPLE IRA in first 2 years, no known exception (under age 59 ½). T—Roth IRA distribution, exception applies. U—Dividend distribution from ESOP under section 404(k). Note. This distribution is not eligible for rollover. W—Charges or payments for purchasing qualified long-term care insurance contracts under combined arrangements. If the IRA/SEP/SIMPLE box is checked, you have received a traditional IRA, SEP, or SIMPLE distribution

Box 8. If you received an annuity contract as part of a distribution, the value of the contract is shown. It is not taxable when you receive it and should not be included in boxes 1 and 2a. When you receive periodic payments from the annuity contract, they are 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 will

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. **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 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. 575, Pension and Annuity Incom **Pub. 590-A,** Contributions to IRAs

Pub. 590-A, Contributions to 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