		CORRE	CTED (if checked)				
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. John Hancock Trust Company LLC 200 Berkeley St. Boston, MA 02116			1 Gross distribution \$ 28441.16	OMB No. 1545-0119	Distributions From Pensi		
			2a Taxable amount	2022	Profi	Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
			\$ 2b Taxable amount Total	Form 1099-R 3 Capital gain (include		4 Federal income tax withheld	
			not determined distribution	\$		\$	
PAYER'S TIN 80-0709115			5 Employee contributions/ Designated Roth	6 Net unrealized appreciation in		Copy B	
80-0709115 XXX-XX-2529 RECIPIENT'S name		contributions or insurance premiums	employer's securities		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.		
Rakesh Chowdari Maddineni 103 Campus Ave Ames, IA 50014			7 Distribution IRA/ code(s) SEP/	8 Other			
			G SIMPLE	\$ Sh. Tatal ampleyee ass	%	your return.	
			9a Your percentage of total distribution	9b Total employee con	Indutions	12 FATCA Filing requirement 13 Date of payment	
			14 State tax withheld	15 State/Payer's state	no.	16 State distribution	
			\$	IA 800709115001		\$	
Account number (see instructions) CA59P2-8	8667015	11 1st year of desig. Roth contrib.	17 Local tax withheld	18 Name of locality		19 Local distribution	
10 Amount allocable to IRR within 5 years \$		\$	<u> </u>		\$		
Form 1099-R	www.irs.gov/form1099r			ι	repartment of the	he Treasury - Internal Revenue Service	
		CORRE	CTED (if also also all)				
PAYER'S name, street address, city of	or town state or province		CTED (if checked) 1 Gross distribution	OMB No. 1545-0119	٦		
country, ZIP or foreign postal code, and phone no. John Hancock Trust Company LLC 200 Berkeley St. Boston, MA 02116			\$ 28441.16			utions From Pensions, Inuities, Retirement or	
			2a Taxable amount	2022	Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
			\$				
D03(011, W/A 02110	800-2	94-3575	2b Taxable amount not determined distribution	3 Capital gain (include	d in box 2a)	4 Federal income tax withheld	
PAYER'S TIN RECIPIENT'S TIN			5 Employee contributions/	Net unrealized		\$	
80-0709115	80-0709115 XXX-XX-2529			appreciation in employer's securities		Copy C	
RECIPIENT'S name			insurance premiums	\$		For Recipient's Records	
Rakesh Chowdari Maddineni 103 Campus Ave Ames, IA 50014			7 Distribution IRA/ SEP/	8 Other	%		
			G SIMPLE 9a Your percentage of	\$ 9b Total employee con		12 FATCA Filing requirement	
			total distribution	 s		13 Date of payment	
			14 State tax withheld	15 State/Payer's state no.		16 State distribution	
		\$			\$		
Account number (see instructions) CA59P2-8	8667015	17 Local tax withheld	18 Name of locality		19 Local distribution		
10 Amount allocable to IRR within 5 years \$ Form 1099-R (keep for your record	ds) www	\$ 		epartment of th	\$ re Treasury - Internal Revenue Service		
(Koop for your foods	10,		`	_	oparanoni or an	o modely internal nevenue corner	
		CORRE	CTED (if checked)				
PAYER'S name, street address, city of	or town, state or province		1 Gross distribution	OMB No. 1545-0119]	diana Francisca	
country, ZIP or foreign postal code, and phone no.			\$ 28441.16	2022		utions From Pensions, Inuities, Retirement or	
John Hancock Trust Company LLC 200 Berkeley St. Boston, MA 02116 800-294-3575 PAYER'S TIN RECIPIENT'S TIN			2a Taxable amount	2022	Profi	t-Sharing Plans, IRAs,	
			\$	Form 1099-R		urance Contracts, etc.	
			2b Taxable amount not determined distribution	3 Capital gain (include	id in box 2a)	4 Federal income tax withheld	
			5 Employee contributions/	6 Net unrealized		\$ Copy 2	
80-0709115	XXX-XX-2529		Designated Roth contributions or	appreciation in employer's securitie	ıs	File this copy with	
RECIPIENT'S name			insurance premiums \$	\$		your state, city, or local income tax	
Rakesh Chowdari M	laddineni	7 Distribution IRA/ SEP/	8 Other	%	return, when required.		
103 Campus Ave		G SIMPLE 9a Your percentage of	\$ 9b Total employee con		12 FATCA Filing requirement		
Ames, IA 50014			total distribution	\$ 13		13 Date of payment	
			14 State tax withheld			16 State distribution	
			\$	IA 80070911	5001	\$	
Account number (see instructions) CA59P2-8	8667015	11 1st year of desig. Roth contrib.	17 Local tax withheld	18 Name of locality		19 Local distribution	
10 Amount allocable to IRR within 5 years \$			ls	1		ls	