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.			1 Gross distribution \$ 265.79 2a Taxable amount \$		(	2022 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.				
Boston, MA 02116			21	Taxable amou		3	Capital gain (included	d in bo	x 2a)	4 Federal income tax withheld	
	800-29	94-3575			X	\$				\$	
PAYER'S TIN 80-0709115	RECIPIENT'S TIN  XXX-XX-2529			5 Employee contributions/ Designated Roth contributions or insurance premiums			6 Net unrealized appreciation in employer's securities			Copy B Report this income on your federal tax return. If	
RECIPIENT'S name			\$	265.79	I IRA/	\$	Other			this form shows federal income tax withheld in box 4, attach this copy to	
Rakesh Chowdari Maddineni 103 Campus Ave			Ĺ	code(s) BG	SEP/ SIMPLE	\$			%	your return.	
Ames, IA 50014			9a	Your percentage total distribution	n		Total employee conti	ributio	ns	12 FATCA Filing requirement	
Ames, IA 30014			% 14 State tax withheld		Φ	\$			13 Date of payment		
			14 State tax withheld			15 State/Payer's state no.			16 State distribution		
Account number (see instructions) CAEOD2 OCC7015 11 1st year of				\$ 17 Local tax withheld			IA 800709115001  18 Name of locality			\$ 19 Local distribution	
desig. Roth cont			).			10 Ivanie of locality			Local distribution		
To Amount allocable to IRR within 5 years \$ 2021  Form 1099-R www.irs.gov/form1099r			\$			Department of th				ne Treasury - Internal Revenue Service	
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.			TED (if checked)  1 Gross distribution  \$ 265.79  2a Taxable amount			-	2022 An Profit			ntions From Pensions, nuities, Retirement or t-Sharing Plans, IRAs, urance Contracts, etc.	
Boston, MA 02116				<b>b</b> Taxable amou	nt Total	2	Form 1099-R Capital gain (included	d in ho		4 Federal income tax withheld	
800-294-3575			-	not determine			Capital gailt (illicidue)	20x 2aj		\$	
PAYER'S TIN 80-0709115	RECIPIENT'S TIN  XXX-XX-2529			5 Employee contributions/ Designated Roth contributions or		6	Net unrealized     appreciation in     employer's securities			Copy C	
RECIPIENT'S name			insurance premiums \$ 265.79		\$			For Recipient's Records			
Rakesh Chowdari Maddineni			7	Distribution code(s)	IRA/ SEP/	8	Other			Records	
103 Campus Ave				BG	SIMPLE	\$			%		
Ames, IA 50014			9a	Your percentage total distribution	n		Total employee conti	ributio	ns	12 FATCA Filing requirement	
. Idd Jatuar of				% 14 State tax withheld \$ 17 Local tax withheld		\$ 15 State/Payer's state no.  IA 800709115001  18 Name of locality			13 Date of payment  16 State distribution		
									State distribution		
									\$ 19 Local distribution		
Account number (see instructions) CA59P2-8667015 desig. Roth contrib.  10 Amount allocable to IRR within 5 years \$ 2021				\$		,		s 255ar dibinibation			
Form 1099-R (keep for your records) www.irs.gov/form1099R						<u> </u>	De	partme	ent of the	e Treasury - Internal Revenue Service	
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			CTED (if checked)  1 Gross distribution  \$ 265.79  2a Taxable amount				OMB No. 1545-0119		Distributions From Pens Annuities, Retireme Profit-Sharing Plans, I		
200 Berkeley St.			[				Form 1099-R	'		urance Contracts, etc.	
Boston, MA 02116				Taxable amou		3	Capital gain (included	d in bo	x 2a)	4 Federal income tax withheld	
800-294-3575			not determined distribution			\$	\$			<b> </b>  \$	
PAYER'S TIN	S TIN RECIPIENT'S TIN			Employee con Designated Ro		6	Net unrealized appreciation in			Copy 2	
80-0709115 XXX-XX-2529			contributions or insurance premiums		employer's securities			File this copy with your state, city, or			
RECIPIENT'S name				\$ 265.79 7 Distribution IRA/			\$ 8 Other			local income tax return, when	
Rakesh Chowdari Maddineni				code(s)	SEP/ SIMPLE		- Carlor		%	required.	
103 Campus Ave				BG Your percentage	ge of	9b	Total employee conti	ributio		12 FATCA Filing requirement	
Ames, IA 50014				total distribution	n %	\$				13 Date of payment	
				14 State tax withheld		15	15 State/Payer's state no.			16 State distribution	
						L	IA 800709115	001		\$	
Account number (see instructions) CA59P2-8667015 11 1st year of desig. Roth contrib			17	Local tax withh	eld	18	Name of locality			19 Local distribution	
10 Amount allocable to IRR within 5 years \$ 2021		\$			L				\$		

CORRECTED (if checked)