Form 1099-R	CORRECTED (if checked)		OMB No. 1545-0119 2022 Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.  12 FATCA fling 13 Date of payment requirement		Form 1099-R		CORRECTED		· u )	MB No. 1545-0119 20	22	
1 Gross distribution 13660 . 32 S S 2b Taxable amount not determined Total distribution		0.00			1 Gross distribution 13660.32		2a Taxable amount O.OO			Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
					2b Taxable amount not determined		Total distribution	×	1	2 FATCA filing 13 Date of prequirement		
ADP RETIREM	ENT SERVIONTOIS INC TERN BLVD	CES 1-866		d phone no.	ADP RETIR	EMEN VENT ASTE	city or town, state of SERVICOIS INCORN BLVD	r province, cor	66-7		d phone no	
PAYER'S TIN 57-1198022		RECIPIENT'S	TIN X-4320		PAYER'S TIN <b>57-1198022</b>			RECIPIE		TIN (X-4320		
3 Capital gain (included	4 Federal inco		5 Employee contributions/Designated Roth contributions or insurance premiums		3 Capital gain (included in box 2a)		4 Federal income tax withheld					
in box 2a) 0.00 s		0.00	\$ 0.00		\$ 0.00		\$ 0.00		9	\$ 0.00		
6 Net unrealized appreciation in employer's securities 7 Distrib		code(s) IRA/ SEP/ SIMPLI			6 Net unrealized appreciation in employer's securities		7 Distribution code(s) IRA/ SEP/ SIMPLE		IRA/ SEP/	8 Other %		
\$ 0.00	G		\$ 0.00		\$ 0.00		G		9	\$ 0.00		
9a Your percentage of total of Recipient's name, street address (inc	9/	\$	oyee contributions  O.OO  ce, country, and Zip or foreign p	postal code	9a Your percentage of t		%	\$		ee contributions  O.OO  country, and Zip or foreign p	oostal code	
GARIKAPATI : 10 COTTAGE : MANVILLE RI	O2838			71.7	030898 SAD GARIKAPAT 10 COTTAG MANVILLE	I SU E ST RI O	DHEER REET 2838	al and dair Dair	Ta	O Amount allocable to IPR w	ithin 5 years	
Account number (see instruction 202301200336000		1st year of desig. Roth contrib	. 10 Amount allocable to IRR w	vitnin 5 years	Account number (see in 20230120033		96207	st year of desig. Rot	9	3	illili 5 years	
14 State tax withheld S O.OO			\$ O.00		14 State tax withheld \$ 0.00		15 State/Payer's state no. RI57119802200		0	\$ O.00		
17 Local tax withheld 18 Name of locality		19 Local distribution		17 Local tax withheld \$ 18 Name of I		cality 19 Local distribution						
Form 1099-R 1 Gross distribution 13660.32	CORRECTED  2a Taxable ar		OMB No. 1545-0119 2022 Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs,		Form 1099-R 1 Gross distribution 13660.32		2a Taxable amount  0.00		<u> </u>	OMB No. 1545-0119 22 Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
2b Taxable amount not determined	Total distribution		Insurance Contracts, etc.  12 FATCA filing requirement requirement		2b Taxable amount not determined		\$ Total distribution	, ]	1	2 FATCA filing 13 Date of prequirement		
ADP RETIREM	ENT SERVIONTOIS INC TERN BLVD	CES 1-866	ZIP or foreign postal code, an 6-713-6152 PROFIT	d phone no.	ADP RETIR	EMEN VENT ASTE	city or town, state of T SERVICOIS INCORN BLVD	ES 1-8	66-7	P or foreign postal code, an 713-6152 DFIT	d phone no	
PAYER'S TIN 57-1198022		RECIPIENT'S	TIN X-4320		PAYER'S TIN 57-1198022			RECIPIENT'S		THN XX-4320		
3 Capital gain (included in box 2a)	4 Federal inco		5 Employee contributions/Desi Roth contributions or insurar	ignated nce premiums	3 Capital gain (included	-	4 Federal inco	_	-	5 Employee contributions/Desi Roth contributions or insurar	gnated nce premiun	
\$ 0.00	\$	0.00	\$ 0.00		\$ 0.0		\$ 7 Distribution of	0.00		0.00 3 Other	%	
6 Net unrealized appreciation in employer's securities		code(s) IRA/ SEP/ SIMPL		%	6 Net unrealized apprecin employer's securities	es		oue(s)	IRA/ SEP/ SIMPLE		/*	
\$ 0.00 9a Your percentage of total of	distribution	9b Total empl	\$ 0.00 oyee contributions		\$ 0.0		tribution	9b Total	employe	0.00 ee contributions		
			0.00				0/	\$		0.00		
Recipient's name, street address (inc		town, state or provin		postal code	Recipient's name, street addre	ess (includ			province,		ostal code	
GARIKAPATI : 10 COTTAGE : MANVILLE RI	STREET				GARIKAPAT 10 COTTAG MANVILLE	E ST	REET					
Account number (see instruc.) 20230120033600096207			. 10 Amount allocable to IRR w	vithin 5 years	Account number (see in 20230120033		st year of desig. Rot		10 Amount allocable to IRR within 5 years \$			
14 State tax withheld \$ 0.00	15 State/Payer's state no. RI57119802200		16 State distribution \$ 0.00  19 Local distribution		14 State tax withheld \$ 0.00			9802200 \$		State distribution O.00		
17 Local tax withheld	cal tax withheld 18 Name of locality				17 Local tax withheld \$		18 Name of locality			19 Local distribution		
Copy C For Rec	cipient's R	ecords	Department of th Internal Revenue (keep for your re	Service	Copy B Report to			our		Department of th		

This information is being furnished to the IRS.

www.irs.gov/Form1099R

shows federal income tax withheld in box 4, attach this copy to your return.
www.irs.gov/Form1099R

This information is being furnished to the IRS.