

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. PRINCIPAL LIFE INSURANCE CO 711 HIGH STREET DES MOINES, IA 50392-0001		1 Gross distribution \$ 16,540.04		OMB No. 1545-0119 <div style="font-size: 2em; font-weight: bold; text-align: center;">2022</div> Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy B 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. This information is being furnished to the IRS.	
		2a Taxable amount \$ 0.00					2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/>
PAYER'S TIN 42-0127290		RECIPIENT'S TIN XXX-XX-3771		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code RAMIT KHURANA 650 E CAPITOL AVE APT 165 MILPITAS, CA 95035-7244				5 Employee contributions/Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$	
				7 Distribution code(s) G IRA/SEP/SIMPLE <input type="checkbox"/>		8 Other <input type="checkbox"/> %	
				9a Your percentage of total distribution <input type="checkbox"/> %		9b Total employee contributions \$	
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib. <input type="checkbox"/>		12 FATCA filing requirement <input type="checkbox"/>		14 State tax withheld \$	
15 State/Payer's state no. CA / 01603273		16 State distribution \$ 0.00		17 Local tax withheld \$		18 Name of locality	
19 Local distribution \$		13 Date of Payment		18 Name of locality		19 Local distribution \$	
Account number (see instructions) 315558 TRACKING #: 30954198T1							

Form **1099-R** www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. PRINCIPAL LIFE INSURANCE CO 711 HIGH STREET DES MOINES, IA 50392-0001		1 Gross distribution \$ 16,540.04		OMB No. 1545-0119 <div style="font-size: 2em; font-weight: bold; text-align: center;">2022</div> Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy C For Recipient's Records This information is being furnished to the IRS.	
		2a Taxable amount \$ 0.00					2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/>
PAYER'S TIN 42-0127290		RECIPIENT'S TIN XXX-XX-3771		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code RAMIT KHURANA 650 E CAPITOL AVE APT 165 MILPITAS, CA 95035-7244				5 Employee contributions/Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$	
				7 Distribution code(s) G IRA/SEP/SIMPLE <input type="checkbox"/>		8 Other <input type="checkbox"/> %	
				9a Your percentage of total distribution <input type="checkbox"/> %		9b Total employee contributions \$	
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib. <input type="checkbox"/>		12 FATCA filing requirement <input type="checkbox"/>		14 State tax withheld \$	
15 State/Payer's state no. CA / 01603273		16 State distribution \$ 0.00		17 Local tax withheld \$		18 Name of locality	
19 Local distribution \$		13 Date of Payment		18 Name of locality		19 Local distribution \$	
Account number (see instructions) 315558 TRACKING #: 30954198T1							

Form **1099-R** (Keep for your records.) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. PRINCIPAL LIFE INSURANCE CO 711 HIGH STREET DES MOINES, IA 50392-0001		1 Gross distribution \$ 16,540.04		OMB No. 1545-0119 <div style="font-size: 2em; font-weight: bold; text-align: center;">2022</div> Form 1099-R		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.	
		2a Taxable amount \$ 0.00					2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/>
PAYER'S TIN 42-0127290		RECIPIENT'S TIN XXX-XX-3771		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code RAMIT KHURANA 650 E CAPITOL AVE APT 165 MILPITAS, CA 95035-7244				5 Employee contributions/Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$	
				7 Distribution code(s) G IRA/SEP/SIMPLE <input type="checkbox"/>		8 Other <input type="checkbox"/> %	
				9a Your percentage of total distribution <input type="checkbox"/> %		9b Total employee contributions \$	
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib. <input type="checkbox"/>		12 FATCA filing requirement <input type="checkbox"/>		14 State tax withheld \$	
15 State/Payer's state no. CA / 01603273		16 State distribution \$ 0.00		17 Local tax withheld \$		18 Name of locality	
19 Local distribution \$		13 Date of Payment		18 Name of locality		19 Local distribution \$	
Account number (see instructions) 315558 TRACKING #: 30954198T1							

Form **1099-R** www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service