		CORRE	CTE	D (if checke	d)			fas9			
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. VOYA RETIREMENT INSURANCE & ANNUITY CO PO BOX 990067 HARTFORD, CT 06199-0067 (800) 584-6001			\$ 2142.78 2a Taxable amount		OMB No. 1545-0119 2022 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.				
			21	Taxable amour not determined		3	Capital gain (include	d in box 2a)	4	Federal income tax withheld	
71-0294708	RECIPIENT'S TIN	4910	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 this form shows federal	
RECIPIENT'S name SATISH CHA SHINDE 11596 ARCANE STREET FRISCO TX 75035			7	Distribution code(s)	IRA/ SEP/ SIMPLE	\$	Other A 77 mil	in %		income tax withheld in box 4, attach this copy to your return.	
			9a	Your percentage of		9b Total employee con		tributions	12	FATCA Filling requirement	
our life of long-terms - give insurances, or and owners continged), efformal destributions. The source of the serion of the ser				total distribution %			s tala (a) a time tras u lumino			Date of payment	
				14 State tax withheld		15 State/Payer's state no. TX/0		16	State distribution		
Account number (see instructions)	551583	11 1st year of desig. Roth contrib		17 Local tax withheld		18	Name of locality	o alignos.	19	19 Local distribution	
10 Amount allocable to IRR within 5 years \$		\$ 1865 1869 1889 1889			11	minto se go to i, in small no w			\$ 100 medmun toursus A		
Farm 4000 B	www.ire.gov/form1000r			No. of Contract of				epartment of	the Ti	reasury - Internal Revenue Servic	

		CORREC	CTED (if check	ed)	Lang Charles Sur	Form 682		
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. VOYA RETIREMENT INSURANCE & ANNUITY CO			1 Gross distribu	enasce in mount	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
PO BOX 990067 HARTFORD, CT 06199-0067 (800) 584-6001			2a Taxable amount		Form 1099-R			
			2b Taxable amound determine		3 Capital gain (include \$	d in box 2a)	4 Federal income tax withheld \$	
PAYER'S TIN 71-0294708	RECIPIENT'S TIN	4910	5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		Сору С	
RECIPIENT'S name SATISH CHA SHINDE 11596 ARCANE STREET FRISCO TX 75035			\$ 7 Distribution code(s) G	IRA/ SEP/ SIMPLE	\$ Other	%	For Recipient's Records	
The state of the s				age of	9b Total employee con	tributions	12 FATCA Filing requirement	
THE RESIDENCE PROPERTY BY AFT				%	\$	13 Date of payment		
with set inclinated straight and the straight of the set of the se			14 State tax withheld		15 State/Payer's state TX/0	no.	16 State distribution \$	
Account number (see instructions)	551583	11 1st year of desig. Roth contrib.	17 Local tax withheld		18 Name of locality	i wai saley to	19 Local distribution	
10 Amount allocable to IRR within 5 years \$		Soog Houreonine	\$		CONTRACTOR OF STREET	-	\$	
Form 1099-R (keep for your re	ecords) v	ww.irs.gov/form1099R		Serins Janua	mod ellos ten fo gal	epartment of th	e Treasury - Internal Revenue Service	

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. VOYA RETIREMENT INSURANCE & ANNUITY CO PO BOX 990067 HARTFORD, CT 06199-0067			1 Gross distribution \$ 2142.78			OMB No. 1545-0119 2022 Form 1099-R		Distributions From Pensions Annuities, Retirement of Profit-Sharing Plans, IRAs Insurance Contracts, etc			
			2a Taxable amount								
(800) 584-6001		21	Taxable amount not determined		3	Capital gain (include	d in box 2	a)	4 Federal income tax withheld \$		
PAYER'STIN 71-0294708	RECIPIENT'S TIN	910	5 Employee contributions/ Designated Roth contributions or insurance premiums			6	Net unrealized appreciation in employer's securities	your stat		File this copy wit your state, city, o	
RECIPIENT'S name SATISH CHA SHINDE 11596 ARCANE STREET FRISCO TX 75035			7	Distribution code(s)	IRA/ SEP/ SIMPLE	8	\$ 8 Other \$		%	local income t return, wh require	
ndlande minartia anvas III a U 237 a			9a	a Your percentage of		9b Total employee con		tributions		12 FATCA Filing requirement	
alla Plans	total distribution %			\$	\$			13 Date of payment			
				14 State tax withheld		15 State/Payer's state no. TX/0		ovie s di aroni	16 State distribution \$		
Account number (see instructions)	551583	11 1st year of desig. Roth contrib.	17	17 Local tax withheld		18	18 Name of locality		Ed /	19 Local distribution	
10 Amount allocable to IRR within 5 years \$			\$							\$	

