

**Form 1099-R**  CORRECTED (if checked) OMB No 1545-0119 **2022**

1 Gross distribution \$ <b>8231.99</b>	2a Taxable amount \$ <b>8231.99</b>	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
2b Taxable amount not determined	Total distribution	12 FATCA filing requirement	13 Date of payment

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no  
**ADP RETIREMENT SERVICES 1-866-713-6152**  
**243632 APPLIED BIOMATH LLC**  
**11 NORTHEASTERN BLVD**  
**SALEM NH 03079-2380**

PAYER'S TIN <b>57-1198022</b>	RECIPIENT'S TIN <b>XXX-XX-4151</b>
----------------------------------	---------------------------------------

3 Capital gain (included in box 2a) \$ <b>0.00</b>	4 Federal income tax withheld \$ <b>0.00</b>	5 Employee contributions/Designated Roth contributions or insurance premiums \$ <b>0.00</b>
6 Net unrealized appreciation in employer's securities \$ <b>0.00</b>	7 Distribution code(s) <b>P</b>	8 Other \$ <b>0.00</b>
9a Your percentage of total distribution %	9b Total employee contributions \$ <b>0.00</b>	

Recipient's name, street address (including apt. no.), city or town, state or province, country, and Zip or foreign postal code

**PARUPATI KAVITHA**  
**102 CREEKSIDE DRIVE APT 202**  
**PAINTED POST NY 14870**

Account number (see instr.) <b>20230120033600676369</b>	11 1st year of desig. Roth contrib.	10 Amount allocable to IRR within 5 years \$
14 State tax withheld \$ <b>0.00</b>	15 State/Payer's state no. <b>NY571198022</b>	16 State distribution \$ <b>8231.99</b>
17 Local tax withheld \$	18 Name of locality	19 Local distribution \$

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Internal Revenue Service  
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9a Your percentage of total distribution %	9b Total employee contributions \$ <b>0.00</b>	

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**025644 SADA99K2**  
**PARUPATI KAVITHA**  
**102 CREEKSIDE DRIVE APT 202**  
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**Form 1099-R**  CORRECTED (if checked) OMB No. 1545-0119 **2022**

1 Gross distribution \$ <b>846.46</b>	2a Taxable amount \$ <b>846.46</b>	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
2b Taxable amount not determined	Total distribution	12 FATCA filing requirement	13 Date of payment

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no

ADP RETIREMENT SERVICES 1-866-713-6152  
243632 APPLIED BIOMATH LLC  
11 NORTHEASTERN BLVD  
SALEM NH 03079-2380

PAYER'S TIN <b>57-1198022</b>		RECIPIENT'S TIN <b>XXX-XX-4151</b>	
3 Capital gain (included in box 2a) \$ <b>0.00</b>	4 Federal income tax withheld \$ <b>0.00</b>	5 Employee contributions/Designated Roth contributions or insurance premiums \$ <b>0.00</b>	
6 Net unrealized appreciation in employer's securities \$ <b>0.00</b>	7 Distribution code(s) <b>8</b>	IRA/SEP/SIMPLE	8 Other \$ <b>0.00</b>
9a Your percentage of total distribution %		9b Total employee contributions \$ <b>0.00</b>	

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PARUPATI KAVITHA  
102 CREEKSIDE DRIVE APT 202  
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9a Your percentage of total distribution %		9b Total employee contributions \$ <b>0.00</b>	

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025643 SADA99K2  
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