		ſ	CORRECTED (if checked) Date Printed 01/19/2023					
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. EMPOWER TRUST COMPANY LLC PO BOX 173764 D999 DENVER, CO 80217-3764 1-844-465-4455			1 Gross distribution 2a Taxable amount	\$3,382.09 \$0.00	OMB No. 1545-0119 2022 Form 1099-R	Annuitie Brofit-Sh	ons From Pensions s, Retirement or aring Plans, IRAs, e Contracts, etc.	
			2b Taxable amount r		Total distributio	n X	Copy B Report this income	
		determined 3 Capital gain (include	ed in box 2a)	4 Federal income tax withheld		on your federal tax return, if this form		
PAYER'S TIN	RECIPIENT						shows federal income	
84-1455663 RECIPIENTS name, street address (ir		5 Employee contribut Roth contributions of premiums	ions/Designated or insurance	6 Net unrealized appreciation in employer's securities		tax withheld in box 4, attach this copy to your return. This information		
country, and ZIP or foreign postal code NEHA KUMARI 10537 HOLLIWELL CT DULUTH, GA 30097			7 Distribution code(s)	SIMPLE	8 Other		%	
			9a Your percentage o	f total distribution %	9b Total employee contribution	15	is being furnished to the IRS.	
			14 State tax withheld	/0	15 State/Payer's state no.		16 State distribution	
					GA/2069501CQ			
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing	17 Local tax withheld		18 Name of locality		19 Local distribution	
Account number (see instructions) 194554		13 Date of payment						
Form 1099-R			www.irs.gov/Form1	099R	Department of the Treas	sury-Intern	al Revenue Service	
PAYER'S name, street address, city of province, country, ZIP or foreign posta EMPOWER TRUST COM		1 Gross distribution	\$3,382.09	OMB No. 1545-0119 2022 Distributions From Pe Annuities, Retirement		, Retirement or		
PO BOX 173764 D999 DENVER, CO 80217-3764				Form 1099-R	Profit-Sharing Plans, IRAs, Insurance Contracts, etc.			
1-844-465-4455			2b Taxable amount no determined	ot 🗌	Total distribution	x	Copy C For Recipient's	
		3 Capital gain (included in box 2a)		4 Federal income tax withheld		Records		
PAYER'S TIN 84-1455663 RECIPIENT'S name, street address (i	RECIPIENT'S ***-**-496	4	5 Employee contributions/Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities			
country, and ZIP or foreign postal code		7 Distribution code(s)	IRA / SEP /	8 Other		This information is being furnished to the IRS.		
10537 HOLLIWELL CT DULUTH, GA 30097		9a Your percentage of		9b Total employee contributions	%\$			
		14 State tax withheld		15 State/Payer's state no.		16 State distribution		
				GA/2069501CQ				
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement	17 Local tax withheid		18 Name of locality		19 Local distribution	
Account number (see instructions) 194554		13 Date of payment						
Form 1099-R	rds) w	ww.irs.gov/Form1099R		Department of the Treasury-Internal Revenue Service				
		т. к. — — — — — — — — — — — — — — — — — —	- * ₁₀ 49					
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			CORRECTED (if checked)		Date Printed 01/19/2023			
PAYER'S name, street address, city or town, state or province, country, ZIP or toreign postal code, and telephone no. EMPOWER TRUST COMPANY LLC PO BOX 173764 D999 DENVER, CO 80217-3764			1 Gross distribution \$3,382.09 2a Taxable amount		OMB No. 1545-0119 2022 Form 1099-R Distributions From F Annuities, Retirement Profit-Sharing Plans. Insurance Contracts		ions From Pensions	
			\$0.00				aring Plans, IRAs.	
1-844-465-4455		e Contracts, etc.						
		2b Taxable amount not determined		Total distributio	n X	Copy 2 File this copy		
			3 Capital gain (included in box 2a)		4 Federal income tax withheld		with your state,	
PAYER'S TIN	RECIPIENT'S		Pri 17				city, or local income tax	
84-1455663 RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code NEHA KUMARI 10537 HOLLIWELL CT DULUTH, GA 30097			5 Employee contributions/Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		return, when required.	
			G SiA	A/SEP/	8 Other	%		
			9a Your percentage of tota	l distribution %				
			14 State tax withheld		15 State/Payer's state no. GA/2069501CQ		16 State distribution	
	 11 1st year of desig. Roth contrib. 	12 FATCA filing requirement				19 Local distribution		
Account number (see instructions) 194554		13 Date of payment						
Form 1099-R		W	ww.irs.gov/Form1099)R	Department of the Treas	sury-Interna	I Revenue Service	