PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code	1 Gross distribution	2a Taxable amount	OMB No. 1545-011
DAY MELTON DEADURATION AGENT	\$ 5,386.22	\$ 5,386.22	202
BNY MELLON DISBURSEMENT AGENT INSPERITY 401K PLAN	2b Taxable amount not determined	Total distribution	Form 1099-F Distribution
PO BOX 1988	3 Capital gain	4 Federal income	From Pensions
KINGWOOD, TX 77347	(Included in box 2a)	tax withheld	Annuities Retirement of
Customer service telephone number: 888-401-5273	\$ 5 Employee contributions	\$ 6 Net unrealized appreciation	Profit-Sharin
	/Designated Roth	in employer's securities	Plans, IRAs Insuranc
RECIPIENT'S name and address	contributions or insurance premiums	The state of the s	Contracts, etc
	insurance premiums		This information is bein furnished to the intern
	\$ 7 Distribution IRA/ 8	\$ Other	Revenue Service
NSP02T	code(s) SEP/	S. 10.5	COPY C
	SIMPLE		For
GAYATHRI PAIDYMANU	1M \$	9h Total employee	Recipient's
GAYATHRI PAIDYMANU	total distribution	contributions	Records
n ' 3015 ORDWAY DR NW APT K S roanoke va 24017-1908	%	\$	
	10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement
վթգիկթգիկընթիլինեին ինկինիուն ինինի հուրեն	\$	riour continue.	
	14 State tax withheld	15 State/Payer's state no. 16	State distributio
	\$	VA/30251926855F001 \$	5,386.22
PAYER'S Federal ID number RECIPIENT'S ID number Account number (see instructions) 13 Date of Payment	17 Local tax withheld	18 Name of locality 19	Local distributio
25-1926855 XXX-XX-6935 NSP02T0A490000	J\$	[\$	Daviere Camina
FORM 1099-R (keep for your records) www.irs.gov/form1099r	Departmen	t of the Treasury - Internal	Revenue Service
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code	1 Gross distribution	2a Taxable amount	OMB No. 1545-011
The containing of the containi	Exemply and the second of the	\$ 5,386.22	2022
BNY MELLON DISBURSEMENT AGENT	2b Taxable amount	Total 🗍	Form 1099-R
INSPERITY 401K PLAN PO BOX 1988	not determined  3 Capital gain	distribution  4 Federal income	Distribution From Pensions
KINGWOOD, TX 77347	(Included in box 2a)	tax withheld	Annuities
Customer service telephone number: 888-401-5273	\$	\$	Retirement of Profit-Sharing
Customer service telephone number. 666-401-3273	5 Employee contributions /Designated Roth	6 Net unrealized appreciation in employer's securities	Plans, IRAs
RECIPIENT'S name and address	contributions or		Insurance Contracts, etc
TEST ENT O Hamo and doubted	insurance premiums		* * *
	\$	\$	
	7 Distribution IRA/ 8 code(s) SEP/	Other	COPY 2 File this copy
	SIMPLE		with your state
	1M   \$	%	city, or loca
	9a Your percentage of total distribution	9b Total employee contributions	income ta return, whe
CAVARURT DATRUMANU		\$	required
GAYATHRI PAIDYMANU 3015 ORDWAY DR NW APT K	10 Amount allocable to IRR within 5 years	11 1st year of desig.	12 FATCA filing requirement
ROANOKE VA 24017	e	Roth contrib.	
	14 State tax withheld	15 State/Payer's state no. 16	State distribution
	\$	VA/30251926855F001 \$	5,386.22
PAYER'S Federal ID number RECIPIENT'S ID number Account number (see instructions) 13 Date of Payment	17 Local tax withheld	18 Name of locality 19	Local distribution
25-1926855 XXX-XX-6935 NSP02T0A490000	\$	\$	2
FORM 1099-R www.irs.gov/form1099r	Department	of the Treasury - Internal	Revenue Service
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code	1 Gross distribution	2a Taxable amount	OMB No. 1545-011
		\$ 5,386.22	2022
BNY MELLON DISBURSEMENT AGENT	2b Taxable amount	Total distribution	Form 1099-R Distributions
INSPERITY 401K PLAN PO BOX 1988	not determined3 Capital gain	distribution  4 Federal income	From Pensions
KINGWOOD, TX 77347	(Included in box 2a)	tax withheld	Annuities Retirement o
Customer service telephone number: 888-401-5273	\$	\$	Profit-Sharing
The state of the s	5 Employee contributions /Designated Roth	<ol> <li>Net unrealized appreciation in employer's securities</li> </ol>	Plans, IRAs Insurance
RECIPIENT'S name and address	contributions or		Contracts, etc.
	insurance premiums		This information is bein furnished to the interna
	\$ 7 Distribution IRA/ 8	\$ Other	Revenue Service
	code(s) SEP/		COPY B
	SIMPLE		Report this income or your federal tax return
		%	If this form shows federa income tax withheld i
	9a Your percentage of	oh lotal employee	Box 4, attach this cop
		9b Total employee contributions	
CAYATHRI PAIDVMANII	9a Your percentage of total distribution %	contributions \$	to your return
GAYATHRI PAIDYMANU 3015 ORDWAY DR NW APT K	9a Your percentage of total distribution % 10 Amount allocable to	contributions \$ 11 1st year of desig.	to your return
	9a Your percentage of total distribution %	contributions \$	to your return
3015 ORDWAY DR NW APT K	9a Your percentage of total distribution % 10 Amount allocable to IRR within 5 years	contributions \$ 11 1st year of desig.	12 FATCA filing requirement
3015 ORDWAY DR NW APT K ROANOKE VA 24017	9a Your percentage of total distribution  %  10 Amount allocable to IRR within 5 years \$  14 State tax withheld \$	contributions \$ 11 1st year of desig. Roth contrib.  15 State/Payer's state no. 16 va/30251926855F001 \$	12 FATCA filing requirement  State distribution 5,386.22
3015 ORDWAY DR NW APT K	9a Your percentage of total distribution  %  10 Amount allocable to IRR within 5 years \$  14 State tax withheld \$	contributions \$ 11 1st year of desig. Roth contrib.  15 State/Payer's state no. 16 va/30251926855F001 \$	12 FATCA filing requirement

### 14, 65.0.9   1,1,958.09   10,000	PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code						OMB No. 1545-0119
Contract extended in the Name   Contract selection   Contract	BNY MELLON DISBURSEMENT AGENT						Form 1099-R:
Control of templates   April 1987   April		AN			not determined		From Pensions,
PAYERS Florated ID number   RESP-401-5273   Payers   Records   Rec		7					
PACE	Customer service telephone	number: 888-401-52	73		\$ 5 Employee contributions		Profit-Sharing
RECIPIENT'S name and address  NSP02T			/Designated Roth		Insurance		
NSP92T	RECIPIENT'S name and add	ress			THE RESERVE OF THE PROPERTY OF		This information is being
MSP02T					\$	\$	
CAYATRIT PATDYMANU   3015 ORDMAY DR NW APT K   ROADORS VA 24017   25-126695   25   25   25   25   25   25   25			NSP02T		code(s) SEP/	Other	COPY C
Security   Part   Patients   Pa					Marie of Marie Wall Committee and Committee	0/	For
### ROANOKE VA 24017    Figure					9a Your percentage of	9b Total employee	Recipient's
ROANOKE VA 24017    Configuration   Configurat						President and Control of the Control	Records
Second   Department   RECIPIENT'S  D number   Recipi					10 Amount allocable to	11 1st year of desig.	
SAYER'S Footeral ID number   BECIPIENT'S ID number   Account number   per instructions   1 Outs of Payment   71 Local tax withheid   16 Name of Locality   18 Name of Locality					IRR within 5 years	Roth contrib.	requirement
EACH   Packers   Dramber   RECIPIENT'S   Dramber   Account number per innecional   3   10 test of Payment   1   1   1   1   1   1   1   1   1					14 State tax withheld	15 State/Payer's state no. 16	State distribution
25-1926955   XXX-XX-6935   NSP027 490000   S   S   S   S   S   S   S   S   S							
POYER'S name, street address, city or form, state or prownoe, country, and ZIP or foreign postal code  BYY MELLON DISSURSEMENT AGENT INSPERTY POLIC PLAN PO BOX 1988 RECIPIENT'S name and address  PECIPIENT'S name and address  BY MELLON DISSURSEMENT AGENT INSPERTY POLIC PLAN PO BOX 1988 RECIPIENT'S name and address  BY MELLON DISSURSEMENT AGENT INSPERTY POLIC PLAN PO BOX 1988 RECIPIENT'S name and address  BY Grant State of the Control Policy Plan RECIPIENT'S name and address  BY Grant State of the Control Plan RECIPIENT'S name and address  BY GRANT RECIPIENT'S name and address  BY AGENT AGENT INSPERTY POLIC PLAN PO BOX 1988 RECIPIENT'S name and address  BY AGENT AGENT INSPERTY POLIC PLAN RECIPIENT'S name and address  BY AGENT AGENT INSPERTY POLIC PLAN RECIPIENT'S name and address  BY AGENT AGENT INSPERTY POLIC PLAN RECIPIENT'S name and address  BY AGENT AGENT INSPERTY POLIC PLAN RECIPIENT'S name and address  BY AGENT AGENT INSPERTY POLIC PLAN RECIPIENT'S name and address  BY AGENT AGENT INSPERTY POLIC PLAN RECIPIENT'S name and address  BY AGENT AGENT INSPERTY POLIC PLAN RECIPIENT'S name and address  BY AGENT AGENT INSPERTY POLIC PLAN RECIPIENT'S name and address  BY AGENT AGENT INSPERTY POLIC PLAN RECIPIENT'S name and address  BY AGENT AGENT INSPERTY POLIC PLAN RECIPIENT'S name and address  BY AGENT AGENT INSPERTY POLIC PLAN RECIPIENT'S name and address  BY AGENT AGENT INSPERTY POLIC PLAN RECIPIENT'S name and address  BY AGENT AGENT INSPERTY POLIC PLAN RECIPIENT'S name and address  BY AGENT AGENT INSPERTY POLIC PLAN RECIPIENT'S name and address  BY AGENT AGENT INSPERTY POLIC PLAN RECIPIENT'S name and address  BY AGENT AGENT INSPERTY POLIC PLAN RECIPIENT'S name and address  BY AGENT AGENT INSPERTY POLIC PLAN RECIPIENT'S name and address  BY AGENT AGENT INSPERTY AGENT INSPERTY AGENT INSPERTY AGENT INSPERTY POLIC PLAN RECIPIENT'S name and address  BY AGENT AGENT INSPERTY POLIC PLAN RECIPIENT'S name and address  BY AGENT AGENT INSPERTY POLIC PLAN RECIPIENT'S ID number   AGENT AGENT INSPERTY POLIC PLAN RECIPIENT'S nam				13 Date of Payment		18 Name of locality   18	Local distribution
PAYER'S name, sheet address, city or town, state or province, country, and ZiP or foreign postal code BNY MELLON DISBURSEMENT AGENT INSPERTY 401K PLAN PO BOX 1398 KINNONDOP, TX 77347  Customer service telephone number: 888-401-5273  Customer service telephone number: 888-401-5273  CayATRIET PATPYMANU 3015 GRUNAY DR NW APT K ROANORE VA 24017  PAYER'S Faderal ID number: 888-401-5273  RECIPENT'S name and address  Available in Decided in De				ov/form1099r		t of the Treasury - Internal	Revenue Service
BRY MELLON DISBURSEMENT AGENT INSPERITY 401K FLAN PO BOX 1988 KINGNOOD, TX 77347 Customer service telephone number: 888-401-5273  Service and address  RECIPIENT'S name and address  RECI			, , , , , , , , , , , , , , , , , , ,	natal and-		los Tavalis	OMP N= 4545 0445
BNY MELLON DISBURSEMENT AGENT NSPERTY 401K PLAN PO BOX 1988 KINGWOOD, TX 77347  Customer service telephone number: 888-401-5273  RECIPIENT'S name and address  RECIPIENT'S name and addres	PAYER'S name, street address	s, city or town, state or pro	vince, country, and ZIP or foreign po	ostai code	CP2 AND COCKET COCKET TO COCKET TO SECURITION AND ADDRESS OF A SECURITION ADDRESS OF A SECURITION ADDRESS OF A SECURITION AND ADDRESS OF A SECURITION AND ADDRESS OF A SECURITION ADDRESS OF A SECURIT		2022
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RECIPIENT'S name and address  Contributions or insurance premiums  S  COPY 2  Fig. this copy of code  SEP/ SEP/ SEP/ SEP/ SEP/ SEP/ SEP/ SEP	Customer service telephone	number: 888-401-52	73			6 Net unrealized appreciation	
Substitution   Subs						in employer's securities	
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Example   Section   Sect	PAYER'S Federal ID number	RECIPIENT'S ID number	Account number (see instructions)	13 Date of Paymen			
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  BNY MELLON DISBURSEMENT AGENT INSPERITY 401K PLAN PO BOX 1988 KINGWOOD, TX 77347  Customer service telephone number: 888-401-5273  RECIPIENT'S name and address  RECIPIENT'S	25-1926855		NSP02T 490000		\$	t of the Transum Unternal	Payanya Sarvice
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FORM 1099-R www.irs.gov/form1099r Department of the Treasury - Internal Revenue Service	SECURE OF SECURE ASSESSMENT SECURE SECURITIES AND CONTRACT OF THE SECURITIES.	SURVINE TO SEE STATE OF THE SECOND SE	the state of the s	Date of Fayinell	\$	\$	
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