

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

NSP02T

GAYATHRI PAIDYMANU  
3015 ORDWAY DR NW APT K  
ROANOKE VA 24017-1908



1 Gross distribution \$ 5,386.22	2a Taxable amount \$ 5,386.22	OMB No. 1545-0119 <b>2022</b> <b>Form 1099-R:</b> Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. <small>This information is being furnished to the Internal Revenue Service.</small>
2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	
3 Capital gain (Included in box 2a) \$	4 Federal income tax withheld \$	<b>COPY C</b>  For Recipient's Records
5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
7 Distribution code(s) 1M	IRA/ SEP/ SIMPLE <input type="checkbox"/>	8 Other \$ %
9a Your percentage of total distribution %	9b Total employee contributions \$	
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>
14 State tax withheld \$	15 State/Payer's state no. VA/30251926855F001	16 State distribution \$ 5,386.22
PAYER'S Federal ID number 25-1926855	RECIPIENT'S ID number XXX-XX-6935	Account number (see instructions) NSP02T0A490000
13 Date of Payment	17 Local tax withheld \$	18 Name of locality \$
FORM 1099-R (keep for your records) www.irs.gov/form1099r Department of the Treasury - Internal Revenue Service		

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2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	
3 Capital gain (Included in box 2a) \$	4 Federal income tax withheld \$	<b>COPY 2</b>  File this copy with your state, city, or local income tax return, when required.
5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
7 Distribution code(s) 1M	IRA/ SEP/ SIMPLE <input type="checkbox"/>	8 Other \$ %
9a Your percentage of total distribution %	9b Total employee contributions \$	
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2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	
3 Capital gain (Included in box 2a) \$	4 Federal income tax withheld \$	<b>COPY B</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.
5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
7 Distribution code(s) 1M	IRA/ SEP/ SIMPLE <input type="checkbox"/>	8 Other \$ %
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\$ 14,858.09		\$ 14,858.09		
2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input checked="" type="checkbox"/>		
3 Capital gain (Included in box 2a)		4 Federal income tax withheld		
\$		\$ 4,048.86		
5 Employee contributions / Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		
\$		\$		
7 Distribution code(s)	IRA/SEP/SIMPLE	8 Other		
1	<input type="checkbox"/>	\$ %		
9a Your percentage of total distribution		9b Total employee contributions		
% \$		% \$		
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.		
\$		\$		
14 State tax withheld		15 State/Payer's state no.		
\$ 809.77		VA/30251926855F001		
16 State distribution		\$ 14,858.09		
17 Local tax withheld		18 Name of locality		
\$		\$		
19 Local distribution		\$		

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