Form 1099-R			OMB No 1545-0119 20 22	Form 1099-	R .	CODDECTE	D (if the the short)	OMB No. 1545-0119	022	
1 Gross distribution	2a Taxable amount	iecked)	Distributions From Pension	s, 1 Gross distribution		2a Taxable	D (if checked) amount	Distributions From F		
4589.80 0.00		.00	Annuities, Retirement of Profit-Sharing Plans, IRA Insurance Contracts, et	s, 458 c. \$	4589.80		0.00	Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
2b Taxable amount not determined	Total distribution	ı	12 FATCA hing 13 Date of paymen requirement	2b Taxable amount not determined		Total distribution		12 FATCA fling 13 Date of requirement	payment	
	×						x			
			TP or foreign postal code, and phone	no PAYER'S name,	street address.	city or town, stat	or province, country, 2	ZIP or foreign postal code, a	nd phone no.	
ADP RETIREMEN 718812 ATTU	T SERVICES NE CONSULTI	1-866- NG USA	713-6152 INC 401(K)	718812	ATTU	NE CONSI	ES 1-866-	713-6152 INC 401(K)		
11 NORTHEASTE SALEM NH 0307	RN BLVD			11 NORTH SALEM N	HEASTE	RN BLVD		110 401(K)		
PAYER'S TIN 57-1198022		CIPIENT'S		PAYER'S TIN 57-1198	PAYER'S TIN 57-1198022			RECIPIENT'S TIN XXX-XX-4863		
3 Capital gain (included in box 2a)			5 Employee contributions/Designated Roth contributions or insurance premi	3 Capital gain (ınclı		4 Federal in	come tax withheld	5 Employee contributions/De Roth contributions or insur-	signated	
\$ 0.00	. 0	.00	\$ 4097.81		0.00	s	0.00	\$ 4097.81	since premiums	
6 Net unrealized appreciation	7 Distribution code(s			6 Net unrealized ap	preciation	7 Distributio		8 Other	%	
in employer's securities	н	SIMPLE	s 0.00		in employer's securities		SIMPLE	The Control of the Co		
9a Your percentage of total dist			yee contributions		9a Your percentage of total dist		9b Total emplo	\$ 0.00		
Recipient's name, street address (include	% \$	ate or provinc	O.OO	de Recipient's name street	address (include	ding ant no) city	% \$	e, country, and Zip or foreign	nostal code	
The opening that the parent and the same and	ing apr. 110.7, any or town, so	ate of provinc	e, country, and zip or foreign postar co	de riecipient's name, street	audiess (illoidi	ung apt. 110.7, ony	or town, state or province	o, country, and zip or foreign	postar code	
KALLEPALLI GU	DTA			057432 S						
2535 EMSLIE D				KALLEPAI 2535 EM						
WAUKESHA WI 5	3188			WAUKESH						
Account number (see instruc.) 2023012003360057		desig. Roth contrib. 019	10 Amount allocable to IRR within 5 yes	Account number (se 202301200			1 1st year of desig. Roth contrib. 2019	10 Amount allocable to IRR \$	within 5 years	
14 State tax withheld S 0.00	15 State/Payer's state no. WIO360002250875		16 State distribution		14 State tax withheld		ver's state no.	16 State distribution		
17 Local tax withheld	18 Name of locality		19 Local distribution		17 Local tax withheld		locality	19 Local distribution		
Copy 2 File this copy	with your state	aitu a	[\$	\$ ury Copy 2 File th			state situ	[\$		
local income tax retur	n, when require	ed.	Department of the Treas Internal Revenue Service www.irs.gov/Form1099R	local income				Department of Internal Revenu www.irs.gov/Fo	ue Service	
	CORRECTED (if ch	necked)	OMB No. 1545-0119 20 22		-R	CORRECTE	D (if checked)	OMB No. 1545-0119 2	022	
1 Gross distribution 4589.80	2a Taxable amount	Annuities, Retirement or		or A F			amount	Distributions From Pensions, Annuities, Retirement or		
\$	\$	Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		13,	4589.80		0.00	Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
2b Taxable amount not determined	Total distribution		12 FATCA5 g 13 Date of payme	nt 2b Taxable amount not determined	2b Taxable amount not determined			12 FATCA fing 13 Date of payment regurement		
	×			1. NOTE: NOTE: 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.			×			
PAYER'S name, street address,		nce, country,	ZIP or foreign postal code, and phone	no. PAYER'S name,	street address,	city or town, state	e or province, country, 2	IP or foreign postal code, a	nd phone no.	
ADP RETIREMEN 718812 ATTU 11 NORTHEASTE SALEM NH 0307	NE CONSULTI RN BLVD			ADP RETT 718812 11 NORTH SALEM N	ATTUN HEASTER	NE CONSU	EES 1-866- ULTING USA	713-6152 INC 401(K)		
PAYER'S TIN	RE	CIPIENT'S	TIN	PAYER'S TIN			RECIPIENT'S	TIN		
57-1198022			X-4863	57-1198				X-4863		
3 Capital gain (included in box 2a)	4 Federal income ta	x withheld	5 Employee contributions/Designated Roth contributions or insurance prem	3 Capital gain (incluiums in box 2a)	uded	4 Federal in	come tax withheld	5 Employee contributions/De Roth contributions or insur	signated ance premium:	
\$ 0.00	s o	.00	\$ 4097.81		0.00	\$	0.00	s 4097.81		
6 Net unrealized appreciation in employer's securities	7 Distribution code(s	S) IRA/ SEP/ SIMPLE	8 Other %	6 Net unrealized ap in employer's sec		7 Distribution	n code(s) IRA/ SEP/ SIMPLE	8 Other	%	
\$ 0.00	н	SIMPLE	s 0.00		0.00	н	SIMPLE	s 0.00		
9a Your percentage of total dis	tribution 9b	Total emplo	oyee contributions	9a Your percentage	of total dis	tribution	9b Total emplo	yee contributions		
	2/10		0.00				0/ 6	0.00		
Recipient's name, street address (inclu	% \$ ding apt. no.), city or town, s	tate or province		Recipient's name, street	address (include	ding apt. no.), city	% \$ or town, state or province	e, country, and Zip or foreign	postal code	
KALLEPALLI GU 2535 EMSLIE D WAUKESHA WI 5	RIVE			KALLEPA 2535 EM: WAUKESH	SLIE D	RIVE				
Account number (see instruc.) 2023012003360057		desig Roth contrib 019	10 Amount allocable to IRR within 5 yes	Account number (se 202301200)		78177	1 1st year of desig. Roth contrib 2019	10 Amount allocable to IRR	within 5 years	
14 State tax withheld	15 State/Payer's state no. WI0360002250875		16 State distribution	0	14 State tax withheld \$ 0.00		/er's state no.	16 State distribution		
\$ 17 Local tax withheld	18 Name of locality		19 Local distribution		17 Local tax withheld		locality	19 Local distribution		
S Copy C For Reci	nient's Reco	rds	\$ Department of the Treas	sury Copy B Repo	rt this in	come on	/our	S Department of	the Treasury	
This informat		. 45	Internal Revenue Servic (keep for your records) www.irs.gov/Form1099R	federal tax re	turn. If th	nis form	W 200	Internal Revenue	ue Service	

shows federal income tax withheld in box 4, attach this copy to your return.

www.irs.gov/Form1099R This information is being furnished to the IRS.