

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

1 Gross distribution 13801.58	2a Taxable amount 0.00	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
	X		

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
718812 ATTUNE CONSULTING USA INC 401(K)
11 NORTHEASTERN BLVD
SALEM NH 03079-2380**

PAYER'S TIN 57-1198022	RECIPIENT'S TIN XXX-XX-4863
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3 Capital gain (included in box 2a) 0.00	4 Federal income tax withheld 0.00	5 Employee contributions/Designated Roth contributions or insurance premiums 0.00
6 Net unrealized appreciation in employer's securities 0.00	7 Distribution code(s) G	8 Other 0.00

9a Your percentage of total distribution 0.00	9b Total employee contributions 0.00
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Recipient's name, street address (including apt. no.), city or town, state or province, country, and Zip or foreign postal code

**KALLEPALLI GUPTA
2535 EMSLIE DRIVE
WAUKESHA WI 53188**

Account number (see instruc.) 20230120033600578176	11 1st year of desig. Roth contrib.	10 Amount allocable to IRR within 5 years
14 State tax withheld 0.00	15 State/Payer's state no. WI0360002250875	16 State distribution 0.00
17 Local tax withheld	18 Name of locality	19 Local distribution

Copy 2 File this copy with your state, city, or local income tax return, when required.

Department of the Treasury
Internal Revenue Service
www.irs.gov/Form1099R

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**057431 SADA99I4
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Copy C For Recipient's Records

This information is being furnished to the IRS.

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Copy 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.

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