Form 1099-R	CORRECTED	(if checked)	OMB No. 1545-0119 2022	Porm 1099-R	Form 1099-R CORRECTED (if checked) OMB No. 1545-0119			2022
1 Gross distribution 2a Taxable an		Distributions From Pension Annuities, Retirement		or	2a Taxable amount		Distributions From Pension	
13801.58	s	0.00	Profit-Sharing Plans, IRA Insurance Contracts, et	is, 13801.58	s	0.00	Profit-Sharing I	Plans, IRA
2b Taxable amount not determined	Total distribution		12 FATCA filing 13 Date of payme requirement		Total distribution		12 FATCA fring 13 Date	of paymer
100000000000000000000000000000000000000		x						
			, ZIP or foreign postal code, and phone	no. PAYER'S name, street addr	ess, city or town, state of	r province, country,	ZIP or foreign postal code	, and phone i
ADP RETIREME 718812 ATT		A INC 401(K)	718812 ATT					
11 NORTHEAST	ERN BLVD			11 NORTHEAST SALEM NH 030	ERN BLVD		- 1110 40 T(K	,
SALEM NH 030	79-2380			SALEM NH OSC	79-2380			
PAYER'S TIN 57-1198022		RECIPIENT'S	S TIN X-4863	PAYER'S TIN 57-1198022		RECIPIENT'S		
3 Capital gain (included	4 Federal incor		5 Employee contributions/Designated Roth contributions or insurance premiu		4 Federal inco	me tax withheld	5 Employee contributions/	Designated
in box 2a)		0.00	s 0.00	in box 2a)		0.00	Hoth contributions or ins	surance premiu
6 Net unrealized appreciation	7 Distribution of		*	6 Net unrealized appreciation	n 7 Distribution of		8 Other	5 %
in employer's securities s 0.00	G	SIMPL	E 0.00	in employer's securities \$ 0.00	G	sode(s) IRA/ SEP/ SIMPLE	s 0.00	100000
9a Your percentage of total di		9b Total empl	oyee contributions	9a Your percentage of total of		9b Total emplo	byee contributions	
			0.00				0.00	
Recipient's name, street address (incli	uding apt. no.), city or to	own, state or provin	ce, country, and Zip or foreign postal cod	Recipient's name, street address (inc	% cluding apt. no.), city or to	sown, state or province	e, country, and Zip or foreign	on postal code
KALLEPALLI GI 2535 EMSLIE I WAUKESHA WI S	DRIVE 53188			057431 SADA993 KALLEPALLI G 2535 EMSLIE I WAUKESHA WI	UPTA DRIVE	e		
Account number (see instruc.) 20230120033600578176			10 Amount allocable to IRR within 5 yea \$	Account number (see instruc.) 11 1st year of desig. Roth contrib. 10 Amou			10 Amount allocable to IRF	R within 5 years
14 State tax withheld S 0.00	15 State/Payer's state no. WI0360002250875		16 State distribution				16 State distribution	
17 Local tax withheld S	18 Name of locality		19 Local distribution	17 Local tax withheld	17 Local tax withheld 18 Name of locality		19 Local distribution	
Copy 2 File this copy local income tax return Form 1099-R Gross distribution 13801.58	CORRECTED (i	if checked)	Internal Revenue Service www.rrs.gov/Form1099R OMB No. 1545-0119 2022 Distributions From Pensions Annuities, Retirement or	Form 1099-R	CORRECTED (uired.	OMB No. 1545-0119 Distributions From Annuities, Reti	nue Service orm1099R 22 Pensions, irement or
\$ 2b Taxable amount	\$ Total		Profit-Sharing Plans, IRAs, Insurance Contracts, etc. 12 FATCA filing 13 Date of payment	\$	\$		Profit-Sharing Pla Insurance Cont	racts, etc.
not determined	distribution		requirement	2b Taxable amount not determined	Total distribution	¬ [12 FATCA filing 13 Date of requirement	payment
PAYER'S name, street address	, city or town, state or p		ZIP or foreign postal code, and phone no	payer's name, street address	x city or fown state or n	rovince country 71	P or foreign postal code, a	and phone no
ADP RETIREMEN	IT SERVICE INE CONSUL ERN BLVD	S 1-866-	-713-6152 A INC 401(K)	ADP RETIREMEN	T SERVICES NE CONSULT RN BLVD	1-866-7		
PAYER'S TIN 57-1198022		RECIPIENT'S XXX-XX		PAYER'S TIN	1	RECIPIENT'S T		
3 Capital gain (included	4 Federal income		5 Employee contributions/Designated	57-1198022 3 Capital gain (included	4 Federal income	tax withheld 5	-4863 Employee contributions/Des	signated
in box 2a)	s	0.00	Roth contributions or insurance premium S O.OO	s in box 2a)	1		Roth contributions or insura	ince premiums
6 Net unrealized appreciation in employer's securities	7 Distribution cod		8 Other %	6 Net unrealized appreciation	7 Distribution cod	0.00 Se(s) IRA/ 8	O.00 Other	%
s 0.00	G	SIMPLE	0.00	in employer's securities s 0.00	G	SIMPLE	0.00	
9a Your percentage of total dist	tribution 9	b Total employ	yee contributions	9a Your percentage of total dis		Total employe		
	% \$		0.00		% \$		0.00	
Recipient's name, street address (include			, country, and Zip or foreign postal code	Recipient's name, street address (include		, state or province, o		postal code
KALLEPALLI GU 2535 EMSLIE D WAUKESHA WI 5	RIVE			KALLEPALLI GUR 2535 EMSLIE DR WAUKESHA WI 53	RIVE			
Account number (see instruc.) 20230120033600578176			10 Amount allocable to IRR within 5 years \$	Account number (see instruc.) 2023012003360057	78176 11 1st year	of desig. Roth contrib. 10	Amount allocable to IRR w	ithin 5 years
14 State tax withheld S O.OO	15 State/Payer's state no. WI0360002250875		16 State distribution	14 State tax withheld \$ 0.00	15 State/Payer's s WI036000	tate no.	no. 16 State distribution	
17 Local tax withheld	18 Name of locali	ty	19 Local distribution	17 Local tax withheld	18 Name of localit	y 19	Local distribution	
Copy C For Recip	pient's Rec	ords	Department of the Treasury	Copy B Report this inc	come on vour	\$	Denartment of the	e Tressure
This information is being furnished to the IRS.			Internal Revenue Service (keep for your records) www.irs.gov/Form1099R	federal tax return. If the shows federal income	hows federal income tax withheld This information is a box 4, attach this copy to your return.			on is

This information is being furnished to the IRS.