OMB No. 1545-0119 2022 Form 1099-R This information is being furnished to the IRS.	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. 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.								
1 Gross distribution	6,479.64		2a Taxable amount						
2b Taxable amount not determined	0,4	19.04		Total distrib	oution 127	6,479.64			
3 Capital gain (included in box 2a)			4 Federal income tax withheld 1,295.9						
5 Employee contributions/ Designated Roth premiums	rinsurance	6 Net unrealized appreciation in employer's securities							
7 Distribution code(s)		IRA/SEP/ SIMPLE		8 Other		%			
9a Your percentage of total distribution	%		9b Total employ	ee contributions		-			
10 Amount allocable to IRR within 5 years			11 1st year of desig. Roth contrib.						
12 FATCA filling requirement	13 Date of payment								
14 State tax withheld	8.37	15 Sta state n	te/Payer's o. SC 2	5254192-2	16 State distribution				
17 Local tax withheld		18 Na	me of locality		19 Local distribution				
PAYER'S name, street address, city or tow S. C. Police Officers Retirement S Po Box 11960 Columbia, SC 29211-1960			nce, country, ZIP	or foreign post	al code, and teleph	one no.			
PAYER'S TIN		57-604		ENT'S TIN	XXX-XX-3138				
RECIPIENT'S name, street address, city or ARTI GUPTA APT 24A 1000 WINDSOR SHORES DR COLLIMBIA SC 29223-1716	town,	state or p	rovince, country,	ZIP or foreign	postal code				

CORRECTED (if checked)

OMB No. 1545-0119

Account number (see instructions)

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Form 1099-R www.irs.gov/Form1099R Department of the Treasury-Internal Revenue Service



OMB No. 1545-0119 2022 Form 1099-R This information is being furnished to the IRS.	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy C For Recipient's Records									
1 Gross distribution	n 17	79.64	2a Taxable amount 6,479.64							
2b Taxable amount not determined	0,77	3.04			Total distrib	ution 🕅	0,479.04			
3 Capital gain (included in box 2a)				eral incom	d	1,295.93				
5 Employee contributions/ Designated Roth contributions insurance premiums					ealized appreciation s securities	ı in				
7 Distribution code(s)		RA/SEP/ SIMPLE			8 Other		, %			
9a Your percentage of total distribution	96		9b T	otal employee	contributions					
10 Amount allocable to IRR within 5 years			11 1st year of desig. Roth contrib.							
12 FATCA filing requirement				13 Date of payment						
		15 Star state n	tate/Payer's no. SC 25254192-2			16 State distrib	ution			
17 Local tax withheld		18 Nar	ne of locality			19 Local distribution				
PAYER'S name, street address, city or to S. C. Police Officers Retiremer Po Box 11960 Columbia, SC 29211-1960 PAYER'S TIN					or foreign	postal code, and t	elephone no.			
RECIPIENT'S name, street address, city		7-6041					(X-XX-3138			
APT 24A 1000 WINDSOR SHORES DR COLUMBIA SC 29223-1716 Account number (see instructions)					(keep	for your record	s)			
				ORRECTE	D (if checke	d)				
OMB No. 1545-0119						uities,Retiren				
2022	Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2									
Form 1099-R		File this copy with your state, city, or local income tax return, when required.								
1 Gross distribution	6.4	79.64	2a T	axable amo	ount		6,479.64			
2b Taxable amount not determined	0,4	13.04	Total distribution							
3 Capital gain (included in box 2a)			4 Fe	deral incon	ne tax withhe		1,295.93			
5 Employee contributions/ Designated Roth contribution insurance premiums			or		6 Net un securitie	realized appreciations	on in employer's			
7 Distribution code(s)	1	IRA/SEP SIMPLE			8 Other		%			
9a Your percentage of total distribution	. 1		_	otal employe	e contributions	5				
10 Amount allocable to IRR within 5 year \$	10 Amount allocable to IRR within 5 years \$			11 1st year of desig. Roth contrib.						
12 FATCA filing requirement			13 Date of payment							
14 State tax withheld			tate/Payer's no. SC 252541		E4400 0	16 State distribution				
17 Local tax withheld	8.37	18 Na	ıme of i		34192-2	19 Local distr	ibution			
PAYER'S name, street address, city or to S. C. Police Officers Retiremen Po Box 11960 Columbia, SC 29211-1960				country, ZI	P or foreign	postal code, and	telephone no.			
PAYER'S TIN 57-6041552 RECIPIENT'S TIN XXX-XX										
RECIPIENT'S name, street address, city ARTI GUPTA APT 24A 1000 WINDSOR SHORES DR COLUMBIA SC 29223-1716				nce, countr	y, ZIP or for					
Account number (see instructions)						,				
Form 1099-R www.irs.gov/Form1099R Departm	ent of the	e Treasury	-Internal	Revenue Ser	vice					

CORRECTED (if checked)