

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. PRINCIPAL LIFE INSURANCE CO 711 HIGH STREET DES MOINES, IA 50392-0001			1 Gross distribution \$ 21,800.21		OMB No. 1545-0119 2022 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
			2a Taxable amount \$ 21,800.21				
			2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input checked="" type="checkbox"/>		
PAYER'S TIN 42-0127290		RECIPIENT'S TIN XXX-XX-5442		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 6,540.06	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code VEERA SURAMPUDI 42 NORTH ST ROBBINSVILLE, NJ 08691-4125			5 Employee contributions/Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		
			7 Distribution code(s) 1		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		14 State tax withheld \$	
Account number (see instructions) 431358		13 Date of Payment		15 State/Payer's state no. NJ / 420-127-290/000		16 State distribution \$ 21,800.21	
TRACKING #: 30331170T1				17 Local tax withheld \$		18 Name of locality	
						19 Local distribution \$	

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

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.

This information is being furnished to the IRS.

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Form 1099-R (Keep for your records.) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

Copy C
For Recipient's Records

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

