1000			ECTED (if check	1001		_	Distributions From	
PAYER'S name, street address, city o ZIP or foreign postal code, and telept	r town, state or provin	ce, country,	1 Gross distributi	ion	OMB No. 1545-0119		Distributions From Pensions, Annuities,	
PRINCIPAL LIFE INSURANCE C			\$ 21,800.21		മെറ്റ		Retirement or Profit-Sharing	
711 HIGH STREET			2a Taxable amoun	it	ZU <b>ZZ</b>		Plans, IRAs,	
DES MOINES, IA 50392-0001			\$ 21,800,21		Form 1099-R		Insurance Contracts, etc.	
			21,000,21		FORM 1033-N			
			2b Taxable amount not determined		Total		Copy B	
		factor and	not determined		distribution		Report this income on your federal tax return. If this	
'AYER'S TIN	RECIPIENT'S TIN XXX-XX-5442		3 Capital gain (included in box 2a) \$		4 Federal Income tax withheld \$ 6,540.06		federal income	
2-0127290								
RECIPIENT'S name, street address (in	ncluding apt. no.), city of	or town,	5 Employee contributions	s/Designated Roth	6 Net unrealized apprec	ciation in	box 4, attach	
state or province, country, and ZIP or VEERA SURAMPUDI	r foreign postal code		contributions or insura	ince premiums	employer's securities		this copy to your return.	
2 NORTH ST			7 Distribution code(s)	IRA/ SEP/	8 Other	T		
OBBINSVILLE, NJ 08691-4125	i		1	SEP/ SIMPLE			This information is	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1		\$	%	being furnished to the IRS.	
			9a Your percentage o distribution	of total	9b Total employee con	tributions		
				%	\$			
Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement	14 State tax withh	eld	15 State/Payer's sta	ate no.	16 State distribution	
William 5 yours	desig. Notificontilib.	The state of the s	s		NJ / 420-127-290/0	000	\$ 21,800.21	
count number (see instructions)		13 Date of	17 Local tax withh	eld	18 Name of locality		19 Local distribution	
81358 RACKING #: 30331170T1		Payment	6				e	
m 1099-R		Managar ire o	pov/Form1099R		Department	t of the Trea	sury - Internal Revenue Service	
11 103511		www.irs.g	OV/FOITH 1099N					
			ECTED (if check	ked)			State day 5	
AYER'S name, street address, city of P or foreign postal code, and teleph	r town, state or provin	ice, country,	1 Gross distributi	ion	OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or	
RINCIPAL LIFE INSURANCE C			\$ 21,800,21		0000			
I HIGH STREET			2a Taxable amoun	it	2022		Profit-Sharing Plans, IRAs,	
ES MOINES, IA 50392-0001					Form 1099-R		Insurance Contracts, etc.	
			\$ 21,800.21		romi 1033-N		Contracts, etc.	
			2b Taxable amount		Total			
					distribution		Copy C	
AYER'S TIN	RECIPIENT'S TIN		3 Capital gain (included in box 2a)		4 Federal income tax withheld			
ALLA S IIIV	RECIPIENT'S TIN							
	XXX-XX-5442		\$		\$ 6,540.06		For Recipient's	
2-0127290 ECIPIENT'S name, street address (in	XXX-XX-5442 ncluding apt. no.), city of	or town,	5 Employee contributions		6 Net unrealized apprec		For Recipient's Records	
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