

Form 1099-R

CORRECTED (if checked)

OBM No. 1545-0119

2022

1 Gross distribution \$ 628.10
2a Taxable amount \$ 0.00

Distribution From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

2b Taxable amount not determined
Total distribution X

12 FATCA filing requirement
13 Date of Payment

PAYER'S name,street address, city, state, and ZIP code
Depository Services, Inc.
1075 Broken Sound Parkway NW Ste. 100
Boca Raton, FL 33487

PAYER'S Federal Identification number 65-0708495
RECIPIENT'S Identification number XXX-XX-4299

3 Capital gain (included in box 2a)
4 Federal income tax withheld \$ 0.00
5 Employee contributions/Designated Roth contributions or insurance premiums \$ 699.99

6 Net unrealized appreciation in employer's securities
7 Distribution code(s) B1
IRA/SEP/SIMPLE
8 Other %

9a Your percentage of total distributions
9b Total employee contributions

RECIPIENT'S name and street address (incl. apt. no.), city, state and ZIP
BHARAT MANDAVA
37 VAN WAGENEN AVENUE APT 1
JERSEY CITY, NJ 07306

Account number (see instruc.)
11 1st year of desig. Roth 2021
10 Amount allocable to IRR within 5 years

14 State tax withheld
15 State/Payer's state no.
16 State distribution

17 Local tax withheld
18 Name of locality
19 Local distribution

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3 Capital gain (included in box 2a)
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5 Employee contributions/Designated Roth contributions or insurance premiums

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