Form 1099-R	CORRECTE	D (if checked)	OBM No. 1545-01	19 2022	Form 1099-R	CORRECTE	ED (if checked)		2022
1 Gross distribution \$ 628.10	2a Taxable amount	\$ 0.00	Annuities, Profit-Sharing	Retirement of		2a Taxable amount \$ 0.00		Distribution From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
	Total distribution		12 FATCA 13 illing requirement	Date of Payment	2b Taxable amount not determined	Total distribution		PATCA 13 Date ing requirement	of Payment
Depository Services 1075 Broken Sound Boca Raton, FL 334	Parkway NW	•	d ZIP code		Depository Service 1075 Broken Soun Boca Raton, FL 33	'S name,street addreses, Inc. Id Parkway NW 1487	ss, city, state, and Ste. 100	ZIP code	
PAYER'S Federal Identification 65-0708495	AYER'S Federal Identification number RECIPIENT'S Id		dentification number		PAYER'S Federal Identification number 65-0708495		RECIPIENT'S Identification number XXX-XX-4299		
3 Capital gain (included in box 2a)	4 Federal income \$ 0.00	4 Federal income tax withheld		ons/Designated nsurance premiums	3 Capital gain (included in box 2a)	4 Federal income \$ 0.00	tax withheld	5 Employee contributions/Designated Roth contributions or insurance premiums	
6 Net unrealized appreciation in employer's securities	7 Distribution cod	SEF		%	6 Net unrealized appreciation in employer's securities	7 Distribution cod	SEP/		
9a Your percentage of total dis	B1 tributions	SIMP 9b Total emple	byee contributions		9a Your percentage of total d	B1	SIMPL 9b Total emplo	yee contributions	
oa roa porositago o total alo			•		oa roar porcornago or totar a			•	
RECIPIENT'S nar BHARAT MANDAVA 37 VAN WAGENEN JERSEY CITY, NJ 0	AVENUE AP		city, state and ZIP		RECIPIENT'S n. BHARAT MANDA' 37 VAN WAGENE JERSEY CITY, NJ	N AVENUE AF		city, state and ZIP	
Account number (see instruc.)	11 1st year of de	•	10 Amount allocable to	IRR within 5 years	Account number (see instruc.) 11 1st year of de		•	10 Amount allocable to IRF	within 5 years
14 State tax withheld		2021 15 State/Payer's state no.		on	14 State tax withheld	2021 15 State/Payer's state no.		16 State distribution	
17 Local tax withheld	18 Name of local	ity	19 Local distribution		17 Local tax withheld	18 Name of locality		19 Local distribution	
File this copy with y local income tax re		•		nt of the Treasury evenue Service	File this copy with local income tax re	•	•	Department of Internal Rever	
Form 1099-R	<u> </u>	ED (if checked)		2022	Form 1099-R	- 	ED (if checked)		2022
1 Gross distribution \$ 628.10	2a Taxable amount \$ 0.00		Distribution From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		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	х	12 FATCA filling 13 I requirement		2b Taxable amount not determined	Total distribution		2 FATCA filling 13 Date equirement	of Payment
Depository Services 1075 Broken Sound Boca Raton, FL 334	Parkway NW	•	nd ZIP code		Depository Service 1075 Broken Soun Boca Raton, FL 33	d Parkway NW	•	I ZIP code	
PAYER'S Federal Identificatio			Identification number		PAYER'S Federal Identification	on number		dentification number	
65-0708495 3 Capital gain (included	4 Federal income		(X-XX-4299 5 Employee contribut	ions/Designated	65-0708495 3 Capital gain (included	4 Federal income		XX-XX-4299 5 Employee contributions/Designated Roth contributions or insurance premiu.	
in box 2a)	\$ 0.00		Roth contributions or \$ 69	99.99	in box 2a)	\$ 0.00		Roth contributions or insura \$ 699.9	
6 Net unrealized appreciation in employer's securities	7 Distribution cod	de(s) IRA SE SIMF		%	6 Net unrealized appreciation in employer's securities	7 Distribution coo	de(s) IRA/ SEP SIMPI		%
9a Your percentage of total dis	stributions	9b Total emp	loyee contributions		9a Your percentage of total of	listributions	9b Total emplo	yee contributions	I
BHARAT MANDAVA 37 VAN WAGENEN JERSEY CITY, NJ (I AVENUE AP		, city, state and ZIP		BHARAT MANDA 37 VAN WAGENE JERSEY CITY, NJ	N AVENUE AF		city, state and ZIP	
Account number (see instruc.)			10 Amount allocable to IRR within 5 years		Account number (see instruc	uc.) 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		14 State tax withheld 15 State/Payer		r's state no. 16 State distribu		
17 Local tax withheld	18 Name of locality		19 Local distribution		17 Local tax withheld	ocal tax withheld 18 Name of locality 19 Local of		19 Local distribution	
Copy C For Re			Internal R	ent of the Treasury evenue Service	Copy B If this	rt this income on you s form shows federal x 4, attach this copy	income tax with		

Form 1099-R	CORRECTED (if checked)		UBIVI NO. 1545-U119 / 1 / . / .		Form 1099-R	CORRECTI	CORRECTED (if checked)		2022	
1 Gross distribution \$ 7,507.52	2a Taxable amount \$ 7,507.52		Distribution From Pensions, Annuities, Retirement of Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		or s, \$7,507.52	2a Taxable amount	7,507.52	Distribution From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
	Fotal listribution	Х	12 FATCA filling requirement	13 Date of Paymen	not determined		X	2 FATCA Iling requirement	13 Date of Payment	
Depository Services 1075 Broken Sound Boca Raton, FL 334	Parkway NW		d ZIP code		Depository Service 1075 Broken Sou Boca Raton, FL 3	R'S name,street addres ces, Inc. nd Parkway NV 3487	ss, city, state, and	d ZIP code		
		dentification number XX-XX-4299			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 \$1,501.50		5 Employee contributions/Designated Roth contributions or insurance premiums		3 Capital gain (included in box 2a)	4 Federal income \$ 1,501.5		5 Employee cor Roth contribution	ntributions/Designated ns or insurance premiums	
6 Net unrealized appreciation in employer's securities	7 Distribution cod	le(s) IRA SEI SIMF		%	6 Net unrealized appreciation in employer's securities	7 Distribution coo	de(s) IRA SEF SIMP		%	
9a Your percentage of total dist	ributions	9b Total empl	oyee contributions	<u> </u>	9a Your percentage of total	distributions	9b Total emple	oyee contribution	ns	
RECIPIENT'S nar BHARAT MANDAVA 37 VAN WAGENEN JERSEY CITY, NJ 0	AVENUE AP		, city, state and ZIF		RECIPIENT'S BHARAT MANDA 37 VAN WAGEN JERSEY CITY. N	EN AVENUE AI		, city, state and Z	ZIP	
Account number (see instruc.)	11 1st year of de	sig. Roth	10 Amount allocab	le to IRR within 5 years	Account number (see instru		sig. Roth	10 Amount alloc	cable to IRR within 5 years	
14 State tax withheld	15 State/Payer's state no.		16 State distribution		14 State tax withheld	15 State/Payer's	state no.	16 State distribution		
17 Local tax withheld	18 Name of locality		19 Local distribution		17 Local tax withheld	18 Name of loca	18 Name of locality		19 Local distribution	
File this copy with y local income tax ref		•		ment of the Treasury	File this copy wit	•	•		rtment of the Treasury nal Revenue Service	
Form 1099-R	CORRECT	ED (if checked)		202	Form 1099-R	CORRECT	ED (if checked)		2022	
1 Gross distribution \$ 7,507.52	2a Taxable amount \$ 7,507.52		Distribution From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		1 Gross distribution \$7,507.52		2a Taxable amount \$ 7,507.52		Distribution From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
	Total distribution	Х		13 Date of Payment		Total distribution			13 Date of Payment	
Depository Services 1075 Broken Sound Boca Raton, FL 334	Parkway NW	•	nd ZIP code		Depository Servic 1075 Broken Sou Boca Raton, FL 3	nd Parkway NW	•	d ZIP code		
PAYER'S Federal Identification			Identification numl	ber	PAYER'S Federal Identifica		RECIPIENT'S	Identification nur	mber	
65-0708495	4 Federal income		XX-XX-4299	ributions/Designated	65-070849 3 Capital gain (included	4 Federal income		XX-XX-4299		
3 Capital gain (included in box 2a)	\$ 1,501.5		Roth contributions	s or insurance premiums	in box 2a)	\$ 1,501.5		Roth contributio	ntributions/Designated ns or insurance premiums	
6 Net unrealized appreciation in employer's securities	7 Distribution co	SE	A/ P/ PLE	%	6 Net unrealized appreciation in employer's securities	on 7 Distribution coo	de(s) IRA SEI SIMF		%	
9a Your percentage of total dis	tributions	9b Total emp	loyee contributions	,	9a Your percentage of total	distributions	9b Total empl	oyee contribution	ns	
BHARAT MANDAVA 37 VAN WAGENEN JERSEY CITY, NJ (AVENUE AP), city, state and ZI	P	BHARAT MANDA 37 VAN WAGENI JERSEY CITY, N	EN AVENUE AF		, city, state and 2	ZIP	
Account number (see instruc.)	11 1st year of de			ble to IRR within 5 years	Account number (see instru	ıc.) 11 1st year of de	11 1st year of desig. Roth 10 Amount allocab		able to IRR within 5 years	
14 State tax withheld	4 State tax withheld 15 State/Payer's state no.		16 State distril	oution	14 State tax withheld	15 State/Payer's	15 State/Payer's state no. 16 State distribution		ribution	
17 Local tax withheld	18 Name of locality		19 Local distrib	oution	17 Local tax withheld	18 Name of loca	18 Name of locality 19 Local distribution		ribution	
Copy C For Re			S Interna	tment of the Treasural Revenue Service	Copy B If th	oort this income on your state of the shows federal ox 4, attach this copy	income tax wit		artment of the Treasury nal Revenue Service	