

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 \$ 2,381.73		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
		2a Taxable amount \$ 0.00		2022 Form 1099-R				
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input checked="" type="checkbox"/>		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.		
PAYER'S TIN 42-0127290		RECIPIENT'S TIN XXX-XX-7344		3 Capital gain (included in box 2a) \$			4 Federal income tax withheld \$	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code ELISON M TUSCANO 12440 ALAMEDA TRACE CIR APT 1418 AUSTIN, TX 78727-7603		5 Employee contributions/Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$				
		7 Distribution code(s) G		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 <input type="checkbox"/>		14 State tax withheld \$		
15 State/Payer's state no. TX /		16 State distribution \$ 0.00		17 Local tax withheld \$		18 Name of locality		
19 Local distribution \$		Account number (see instructions) 368734 TRACKING #: 30853491T1		13 Date of Payment				

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

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