

12971

CORRECTED (IF CHECKED)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.  
 STATE STREET RETIREE SERVICES FOR  
 SODEXO 401(K) EMPLOYEES' RET SVGS PLAN & TRUST  
 1-866-769-7526  
 P.O. BOX 990071  
 HARTFORD, CT 06199

1 Gross distribution	\$ 33.01
2a Taxable amount	\$ 33.01
2b Taxable amount not determined	<input type="checkbox"/>

OMB No. 1545-0119  
**2022**  
 FORM 1099-R

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

PAYER'S TIN: 04-3581074  
 RECIPIENT'S TIN: \*\*\*-\*\*-7382

3 Capital gain (included in box 2a)	\$
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4 Federal income tax withheld	\$ 0.00
-------------------------------	---------

**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.

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code  
 VINITH R KADUKUNTLA  
 712  
 813 W UNIVERSITY AVE  
 FLAGSTAFF, AZ 86001-7105

5 Employee contributions/Designated Roth contributions or insurance premiums	\$
--	----

6 Net unrealized appreciation in employer's securities	\$
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7 Distribution code(s)	1	IRA/SEP/SIMPLE	<input type="checkbox"/>
------------------------	---	----------------	--------------------------

8 Other	\$	%
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This information is being furnished to the IRS.

10 Amount allocable to IRR within 5 years \$  
 11 1st year of desig. Roth contrib.

9a Your percentage of total distribution	%
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9b Total employee contributions	\$
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14 State tax withheld	\$ 0.00
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15 State/Payer's state no.	AZ/04-3581074
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16 State distribution	\$ 33.01
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Account number (see instructions): SODEXHO--

17 Local tax withheld	\$
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18 Name of locality	
---------------------	--

19 Local distribution	\$
-----------------------	----

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury-Internal Revenue Service

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 RECIPIENT'S TIN: \*\*\*-\*\*-7382

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**Copy C**  
 For Recipient's Records

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code  
 VINITH R KADUKUNTLA  
 712  
 813 W UNIVERSITY AVE  
 FLAGSTAFF, AZ 86001-7105

5 Employee contributions/Designated Roth contributions or insurance premiums	\$
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6 Net unrealized appreciation in employer's securities	\$
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7 Distribution code(s)	1	IRA/SEP/SIMPLE	<input type="checkbox"/>
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8 Other	\$	%
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15 State/Payer's state no.	AZ/04-3581074
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16 State distribution	\$ 33.01
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Account number (see instructions): SODEXHO--

17 Local tax withheld	\$
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18 Name of locality	
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19 Local distribution	\$
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Form 1099-R (keep for your records)

www.irs.gov/Form1099R

Department of the Treasury-Internal Revenue Service

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**2022**  
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Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

PAYER'S TIN: 04-3581074  
 RECIPIENT'S TIN: \*\*\*-\*\*-7382

3 Capital gain (included in box 2a)	\$
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4 Federal income tax withheld	\$ 0.00
-------------------------------	---------

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

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code  
 VINITH R KADUKUNTLA  
 712  
 813 W UNIVERSITY AVE  
 FLAGSTAFF, AZ 86001-7105

5 Employee contributions/Designated Roth contributions or insurance premiums	\$
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6 Net unrealized appreciation in employer's securities	\$
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8 Other	\$	%
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Form 1099-R

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Department of the Treasury-Internal Revenue Service