		U CONNEC	LD (IF CHECKED)			
YER'S name, street address, city or town,	state or province, country, ZI	P or foreign	1 Gross distribution	OMB No. 1545-0119	Distributions From	
ostal 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			\$ 33.0	1 0000	Pensions, Annuities,	
			2a Taxable amount		Retirement of Profit—Sharing Plans	
					INAS, Insurance	
			\$ 33.0	Total	Contracts, etc	
			not determined	distribution	X Copy B	
AYER'S TIN	RECIPIENT'S TIN		3 Capital gain (included	4 Federal Income tax	Report this income on your	
04-3581074		4.7202	In box 2e)	withheld	I Tederal tax	
04-3581074 ***-**-7382		/362	\$	s 0.	oo return. If this form shows	
ECCIPIENT'S name, street address (including a province, country, and ZIP or foreign postal	pt. no.), city or town, state code	or	Employee contributions/Designate Roth contributions or insurance premiums		federal income tax withheld in Box 4, attach this copy to	
VINITH R KADUKUNTLA			7 Distribution code(s) IRA/SE		your return.	
712			1 SIMPLE		This information is	
813 W UNIVERSITY AVE		12 FATCA filing		S Ob Total amalaura acceptant	% being furnished to	
FLAGSTAFF, AZ 86001-7105		requirement	10.7.1.7	9b Total employee contribution % \$	s the IRS.	
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth		14 State tax withheld	15 State/Payer's state no.	18 State distribution	
s	contrib.		\$ 0.00		\$ 33.01	
Account number (see instructions)		13 Date of paymen	t 17 Local tax withheld	18 Name of locality	19 Local distribution	
SODEXHO			\$		\$	
Form 1099-R		www.irs.gov	Form1099R	Department of the Treasur	y-Internal Revenue Service	
			TED (IF CHECKED)		Distributions From	
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			1 Gross distribution \$ 33.01		ensions, Annuities, Retirement or	
			2a Taxable amount		ofit-Sharing Plans,	
					IRAs, Insurance Contracts, etc.	
P.O. BOX 990071			\$ 33.01			
HARTFORD, CT 06199	T		not determined	distribution	Copy C For Recipient's	
PAYER'S TIN	RECIPIENT'S TIN ***-**-7382		3 Capital gain (included in box 2a)	4 Federal income tax withheld	Records	
04-3581074			III 50% 24/		.	
		7502	\$	\$ 0.0	0	
RECIPIENT'S name, street address (including province, country, and ZIP or foreign postal		or	5 Employee contributions/Designate Roth contributions or insurance premiums \$	in employer's securities		
VINITH R KADUKUNTLA			7 Distribution code(s) IRA/SEP SIMPLE	8 Other	This information is	
712			1 🔲	\$	% being furnished to	
FLAGSTAFF, AZ 86001-7105			9a Your percentage of total distribution	9b Total employee contributions	the IRS.	
	later to the But	requirement	14 State tax withheld	15 State/Payer's state no.	16 State distribution	
O Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.		\$ 0.00		\$ 33.01	
Account number (see instructions)		13 Date of payment	17 Local tax withheld	18 Name of locality	19 Local distribution	
SODEXHO			\$		\$	
form 1099-R (keep for your records)		www.irs.gov/	Form 1099R	Department of the Treasur	y-Internal Revenue Service	
	Control of the Adams of the second of the se					
		☐ CORRECT	ED (IF CHECKED)		Distributions From	
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign			1 Gross distribution		ensions, Annuities,	
			\$ 33.01	2022	Retirement or ofit-Sharing Plans,	
STATE STREET RETIREE SERVICES SODEXO 401(K) EMPLOYEES' RET	SVGS PLAN & TRUST		2a Taxable amount	2022	IRAs, Insurance	
1-866-769-7526			\$ 33.01		Contracts, etc.	
P.O. BOX 990071 HARTPORD, CT 06199			2b Taxable amount not determined	Total distribution	x Copy 2	
PAYER'S TIN	RECIPIENT'S TIN		3 Capital gain (included	4 Federal income tax	File this copy	
NIEUV III	200000		in box 2a)	withheld	with your state, city, or local	
04-3581074	***-**-7382		s	s 0.00 income ta		
			Employee contributions/Designated 6 Net unrealized appreciation		return, when	
ECIPIENT'S name, street address (including a ovince, country, and ZIP or foreign postal	opt. no.), city or town, state of code	ui	Roth contributions or insurance premiums S	in employer's securities	required.	
VINITH R KADUKUNTLA			7 Distribution code(s) IRA/SEP. SIMPLE	/ 8 Other	×	
813 W UNIVERSITY AVE FLAGSTAFF, AZ 86001-7105		12 FATCA filing requirement	9a Your percentage of total distribution	9b Total employee contributions 6 S		
Amount ellocable to IRR within 5 years	11 1st year of desig. Roth		14 State tax withheld	15 State/Payer's state no.	16 State distribution	
	contrib.		\$ 0.00		\$ 33.01	
account number (see instructions)		13 Date of payment	17 Local tax withheld	18 Name of locality	\$	
SODEXHO			\$	Department of the Treasu		