Form 1099-R	CORRECTED	(if shasked)	OMB No. 1545-0119 20	22	Form 1099-R	COBBE	CTED (if checke	d) OMB No. 1545-0119	2022	
1 Gross distribution 2788.07	CORRECTED (if checked) 2a Taxable amount 0.00		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		1 Gross distribution 2788 .	2a Taxa	ble amount O.OC	Distributions Fro Annuities, F Profit-Sharing	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
2b Taxable amount not determined	Total distribution X		12 FATCA fling 13 Date of payment requirement		2b Taxable amount not determined	Total distribut	X	12 FATCA fling 13 Dat	e of payment	
ADP RETIREME	NT SERVIC HRONO, IN ERN BLVD	ES 1-866		phone no.	ADP RETIRE	MENT SER RCHRONO, STERN BL	VICES 1-86 INC. 401(VD	ntry, ZIP or foreign postal co 66-713-6152 (K) PLAN	de, and phone n	
PAYER'S TIN 57-1198022	RECIPIENT'S XXX-X		X-9987		PAYER'S TIN 57-1198022			RECIPIENT'S TIN XXX-XX-9987		
3 Capital gain (included in box 2a)	4 Federal income tax withheld		5 Employee contributions/Designated Roth contributions or insurance premiums		3 Capital gain (included in box 2a)	4 Federa	al income tax withh	5 Employee contribution Roth contributions or	5 Employee contributions/Designated Roth contributions or insurance premiums	
\$ 0.00	s 0.00		s 0.00		s 0.00	ų.	0.00	-	\$ 0.00	
6 Net unrealized appreciation in employer's securities	7 Distribution of	code(s) IRA/ SEP/ SIMPLE	8 Other	%	6 Net unrealized apprecia in employer's securities	tion 7 Distrib	ution code(s)	RA/ 8 Other SEP/ MPLE	%	
s 0.00	G		\$ 0.00		s 0.00		G Ob Total or	s 0.00		
9a Your percentage of total di	stribution	9b Total emplo	oyèe contributions		9a Your percentage of tot	al distribution	96 Total er			
Recipient's name, street address (incli		s own, state or proving	O.OO	stal code	Recipient's name, street address	(including apt. no.),	% \$ city or town, state or pr	ovince, country, and Zip or for		
RANGAVAJHULA 10406 BARRET COCKEYSVILLE	TS DELIGH		APARTMENT A		028038 SADAS RANGAVAJHUI 10406 BARRI COCKEYSVILI	A KAMAL	IGHT DRIVE 030	APARTMENT A	9	
Account number (see instruc.) 202301200336006	Count number (see instruc.) 0230120033600678806		10 Amount allocable to IRR within 5 years		Account number (see inst 2023012003360	20230120033600678806		contrib. 10 Amount allocable to \$		
14 State tax withheld O.OO	15 State/Payer's state no. MD 1 18 1934 1		16 State distribution		14 State tax withheld S 0.00	15 State MD 1	Payer's state no. 1819341	16 State distributi	0.00	
17 Local tax withheld	18 Name of locality		19 Local distribution		17 Local tax withheld	18 Name	of locality	19 Local distributi	19 Local distribution	
Gross distribution 2788.07	CORRECTED (2a Taxable am \$ Total distribution	in oricontou)	OMB No. 1545-0119 20 Distributions From Per Annuities, Retirer Profit-Sharing Plans Insurance Contract 12 FATCA fing 13 Date of pa	nent or , IRAs, ts, etc.	Form 1099-R 1 Gross distribution 2788.0 \$ 2b Taxable amount not determined	2a Taxa	O. OC	Distributions Fro	om Pensions Retirement o Plans, IRAs ontracts, etc	
PAYER'S name, street address ADP RETIREME! 281881 DRCI 11 NORTHEAST' SALEM NH 030	s, city or town, state or NT SERVIC HRONO, INC ERN BLVD	province, country,	-713-6152	phone no.	ADP RETIREM	IENT SER\ CHRONO, TERN BL\	/ICES 1-86 INC. 401(/D		le, and phone no	
PAYER'S TIN RECIPIENT'S					PAYER'S TIN		RECIPIEN			
57-1198022 3 Capital gain (included	4 Federal inco		X-9987 5 Employee contributions/Design Roth contributions or insurance	nated .	57-1198022 3 Capital gain (included			-XX-9987 reld 5 Employee contributions	s/Designated	
in box 2a)		0.00	s 0.00	e premiums	in box 2a)	s	0.00	Roth contributions or in		
6 Net unrealized appreciation	7 Distribution of			%	6 Net unrealized appreciation employer's securities			RA/ EP/ IPLE	%	
in employer's securities s 0.00	G	SIMPLE	s 0.00		s 0.00			s 0.00		
9a Your percentage of total di	stribution	9b Total emplo	oyee contributions		9a Your percentage of total	al distribution	9b Total en	nployee contributions		
	%	s	0.00		The Manageria		% S	0.00		
Recipient's name, street address (inch	uding apt. no.), city or t	own, state or province	ce, country, and Zip or foreign pos	stal code	Recipient's name, street address	(including apt. no.),	city or town, state or pro	ovince, country, and Zip or fore	eign postal code	
RANGAVAJHULA 10406 BARRET COCKEYSVILLE	TS DELIGH	R T DRIVE A	APARTMENT A		RANGAVAJHUL 10406 BARRE COCKEYSVILL	TTS DELI	GHT DRIVE	APARTMENT A		
Account number (see instruc.)	ount number (see instruc.) 230120033600678806		10 Amount allocable to IRR within 5 years \$		Account number (see instruc.) 20230120033600678806		11 1st year of desig. Roth co	ontib. 10 Amount allocable to II	10 Amount allocable to IRR within 5 years S	
14 State tax withheld	15 State/Payer's state no. MD 1 18 1934 1		16 State distribution		14 State tax withheld		Payer's state no. 819341		16 State distribution S 0.00	
\$ 0.00	18 Name of locality		19 Local distribution		17 Local tax withheld		of locality	9	19 Local distribution	
s ·	-14'- 5		S Donates of the	Transcen	S Copy B Report this	s income o	n vour	Department	of the Treasury	
This information furnish	tion is	coras	Department of the Internal Revenue S (keep for your reco- www.irs.gov/Form1)	Service ards)	federal tax return. shows federal inco in box 4, attach thi	If this form me tax wit	hheld	This informal being furnis	ation is	