

Form 1099-R CORRECTED (if checked) OMB No. 1545-0119 **2022**

| | | | |
|------------------------------------|------------------------------|---|--------------------|
| 1 Gross distribution \$ 6154.46 | 2a Taxable amount \$ 0.00 | Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. | |
| 2b Taxable amount not determined | Total distribution \$ X | 12 FATCA filing requirement | 13 Date of payment |

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.

ADP RETIREMENT SERVICES 1-866-713-6152
281881 DRCHRONO, INC. 401(K) PLAN
11 NORTHEASTERN BLVD
SALEM NH 03079-2380

| | | | |
|---|--|--|---|
| PAYER'S TIN 57-1198022 | | RECIPIENT'S TIN XXX-XX-9987 | |
| 3 Capital gain (included in box 2a) \$ 0.00 | 4 Federal income tax withheld \$ 0.00 | 5 Employee contributions/Designated Roth contributions or insurance premiums \$ 5954.53 | |
| 6 Net unrealized appreciation in employer's securities \$ 0.00 | 7 Distribution code(s) H | 8 Other \$ 0.00 | % |
| 9a Your percentage of total distribution | | 9b Total employee contributions \$ 0.00 | |

Recipient's name, street address (including apt. no.), city or town, state or province, country, and Zip or foreign postal code

RANGAVAJHULA KAMAL SAR
10406 BARRETT'S DELIGHT DRIVE APARTMENT A
COCKEYSVILLE MD 21030

| | | |
|--|--|---|
| Account number (see instruct.) 20230120033600678807 | 11 1st year of desc. Roth contrib. 2020 | 10 Amount allocable to IRR within 5 years \$ |
| 14 State tax withheld \$ 0.00 | 15 State/Payer's state no. MD 11819341 | 16 State distribution \$ 0.00 |
| 17 Local tax withheld \$ | 18 Name of locality | 19 Local distribution \$ |

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

Department of the Treasury
Internal Revenue Service
www.irs.gov/Form1099R

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028039 SADA99K2
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Copy C For Recipient's Records

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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.

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Internal Revenue Service