					CORRECTED (if checked) 1-855-756-				1-855-756-4	1738		
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. MASSACHUSETTS MUTUAL LIFE INSURANCE CO MASSMUTUAL RETIREMENT SERVICES					1 Gross distribution	¢64.00	7.04	OMB No. 1545-0119	Dietributio	ns From Pensions.		
					2a Taxable amount	\$64,03	7.04	2022	Annuities,	Retirement or		
PO BOX 56025						\$64,03	7.04	Form 1099-R		ing Plans, IRAs, Contracts, etc.		
BOSTON, MA 02205-6025 1-855-756-4738					2b Taxable amount not determined		1	Total distribution	X	Сору В		
					3 Capital gain (included in	n box 2a)		4 Federal income tax withheld		Report this income on your federal tax		
PAYER'S TIN RECIPIENT'S TIN 14-1590850 A**-**-1292					5 Employee contributions/Designated 6 Net			\$12,807.41 6 Net unrealized appreciation in employer's		return. If this form shows federal income		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province,					Roth contributions or insurance premiums		securities		tax withheld in box 4, attach this			
country, and ZIP or foreign postal code					7 Distribution code(s)	IRA/SEP/		8 Other	9/	copy to your return.		
RAJ KUMAR GOVINDA 727 CAMERON CT COPPELL, TX 75019					9a Your percentage of to	SIMPLE tal distribution	in	9b Total employee contributions	%	This information is being furnished to the		
					77.61-71		%	15 () ()		IRS. 16 State distribution		
					14 State tax withheld			15 State/Payer's state no.		16 State distribution		
								TX/041590850		\$64,037.04		
10 Amount allocable to IRR within 5 years	11 1st year Roth contri	r of desig. b.	12 FATCA filing requirement	\neg	17 Local tax withheld			18 Name of locality		19 Local distribution		
Account number (see instructions)	L	0540	13 Date of payment									
FL 51273 021977 Form 1099-R						99R		Department of the Treasu	ırv-Internal F	evenue Service		
100011					ww.irs.gov/Form109	5011		Dopartment of the Treast	ary internal r	evenue Service		
					Looppeoren ()				1-855-756-4	1720		
PAYER'S name, street address, city or town, state or province, country, ZIP or toreign postal code, and telephone no. MASSACHUSETTS MUTUAL LIFE INSURANCE CO MASSMUTUAL RETIREMENT SERVICES PO BOX 56025 BOSTON, MA 02205-6025 1-855-756-4738					CORRECTED (if o	necked)		OMB No. 1545-0119	1-000-700-2	0-4736		
						\$64,03	7.04			ons From Pensions,		
					2a Taxable amount			2022	Profit-Shar	Retirement or ing Plans, IRAs,		
					Dr. T	\$64,03	7.04	Form 1099-R		Contracts, etc.		
					2b Taxable amount not determined			Total distribution	X	Copy C For Recipient's		
PAYER'S TIN RECIPIENT'S TIN					3 Capital gain (included i	n box 2a)		4 Federal income tax withheld	Records			
04-1590850 ***-**-1292					5 Employee contributions/Designated Roth contributions or insurance			\$12,807.41 6 Net unrealized appreciation in employer's securities				
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code. RAJ KUMAR GOVINDA 727 CAMERON CT COPPELL, TX 75019					premiums							
					7 Distribution code(s)	IRA / SEP / SIMPLE		8 Other	%	This information is being furnished to		
					9a Your percentage of to			9b Total employee contributions the IRS.				
					% 14 State tax withheld			15 State/Payer's state no.		16 State distribution		
					¥			TW/0.44500050				
10 Amount allocable to IRR within 11 1st year of desig 12 FATCA filing					17 Local tax withheld			TX/041590850 18 Name of locality		\$64,037.04		
5 years Roth contrib. requirement					Tr Local tax withheld			To Hame or locality	To Education			
FL 51273 021977		0510	13 Date of payment									
					ww.irs.gov/Form1099R			Department of the Treasury-Internal Revenue Service				
DAVEDIO			***************************************		CORRECTED (if o	checked)		011011 4545 0440	1-855-756-4	1738		
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. MASSACHUSETTS MUTUAL LIFE INSURANCE CO MASSMUTUAL RETIREMENT SERVICES PO BOX 56025 BOSTON, MA 02205-6025 1-855-756-4738					1 Gross distribution \$64,037.04 2a Taxable amount		OMB No. 1545-0119	Distributions From Pensions,				
									Retirement or ing Plans, IRAs,			
						\$64,03	7.04	Form 1099-R	Insurance	Contracts, etc.		
					2b Taxable amount not determined]	Total distribution	X	Copy 2 File this copy		
DAMEDO THE					3 Capital gain (included in box 2a)		4 Federal income tax withheld \$12,807.41		with your state, city, or local			
PAYER'S TIN RECIPIENT'S TIN 04-1590850 ***-**-1292					5 Employee contributions/Designated		6 Net unrealized appreciation in employer's		income tax return, when			
RECIPIENT'S name, street address (including apt_no.), city or town, state or province, country, and ZIP or foreign postal code					Roth contributions or insurance premiums			securities		required.		
RAJ KUMAR GOVINDA 727 CAMERON CT					7 Distribution code(s) IRA / SEP / SIMPLE			8 Other %				
					9a Your percentage of to	Lancard I		9b Total employee contributions				
COPPELL, TX 75019	% 14 State tax withheld		15 State/Paver's state no		16 State distribution							
	1+ State tax withheld			15 State/Payer's state no.		16 State distribution						
								TX/041590850		\$64,037.04		
10 Amount allocable to IRR within 5 years 11 1st year of desig. Roth contrib. 12 FATCA filing requirement					17 Local tax withheld		***********	18 Name of locality		19 Local distribution		
Account number (see instructions) FL 51273 021977 0510 13 Date of payment												
			1		L			1		1		