

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. TRANSAMERICA RETIREMENT SOLUTIONS 6400 C STREET SW CEDAR RAPIDS, IA 52499		1 Gross distribution \$151.55	OMB No. 1545-0119 2022 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
FOR QUESTIONS CALL 800-401-8726		2a Taxable amount	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/>		
PAYER'S TIN 13-3689044	RECIPIENT'S TIN ***-**-0096	3 Capital gain (included in box 2a)	4 Federal income tax withheld		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 MOTE HARI 3933 RAVENSFIELD DR CANTON, MI 48188		5 Employee contributions/Designated Roth contributions or insurance premiums \$151.55	6 Net unrealized appreciation in employer's securities		
10 Amount allocable to IRR within 5 years		7 Distribution code(s) B1 IRA / SEP / SIMPLE <input type="checkbox"/>	8 Other		This information is being furnished to the IRS.
11 1st year of desig. Roth contrib. 2021		9a Your percentage of total distribution %	9b Total employee contributions		
12 FATCA filing requirement <input type="checkbox"/>		14 State tax withheld	15 State/Payer's state no. MI/133689044		16 State distribution
Account number (see instructions) 51332800000		13 Date of payment	17 Local tax withheld		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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PAYER'S TIN 13-3689044	RECIPIENT'S TIN ***-**-0096	3 Capital gain (included in box 2a)	4 Federal income tax withheld		Copy 2 File this copy with your state, city, or local income tax return, when required.
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