			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 2a Taxable amount	OMB No. 1545-0119 2022 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
			2b Taxable amount not determined	Total distribution	X	Copy B Report this income	
FOR QUESTIONS CALL 8	00-401-8726		3 Capital gain (included in box 2a)	4 Federal income tax withheld		on your federal tax	
PAYER'S TIN 13-3689044 RECIPIENT'S name, street address (including apt. no.), city or town, state or province,			Employee contributions/Designated     Roth contributions or insurance     premiums \$151.55	6 Net unrealized appreciation in employer's securities		return. If this form shows federal income tax withheld in box 4, attach this	
MOTE HARI 3933 RAVENSFIELD DR CANTON, MI 48188  10 Amount allocable to IRR within  11 1st year of desig.  12 FATCA filing			200.40.0	8 Other	7777	copy to your return.	
			9a Your percentage of total distribution	9b Total employee contributions	%	This information	
			% 14 State tax withheld	15 State/Payer's state no. 16 S		is being furnished to the IRS.  16 State distribution	
			47 Local law withhold	MI/133689044		101	
5 years	Roth contrib. 2021	requirement	17 Local tax withheld	18 Name of locality	19 Local distribution		
Account number (see instructions)		13 Date of payment		in spiral intend		m 作品 除在公司	
[51332800000] Form 1099-R			December 1997		- leteral C	<u> </u>	
		Marie Committee of the	www.irs.gov/Form1099R	Department of the Treasu	ry-Internal R	Revenue Service	
		-	CORRECTED (# charted)				
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			CORRECTED (if checked)  1 Gross distribution	OMB No. 1545-0119			
TRANSAMERICA RETIREMENT SOLUTIONS S400 C STREET SW CEDAR RAPIDS, IA 52499  OR QUESTIONS CALL 800-401-8726			\$151.55	2022		tions From Pensions s, Retirement or	
			2a Taxable amount	Form 1099-R	Profit-Sharing Plans, IRAS,		
			2b Taxable amount not	Total distributio	And the second second	Copy C	
			determined 3 Capital gain (included in box 2a)	4 Federal income tax withheld	n X	For Recipient's	
AYER'S TIN	RECIPIENT'S	TIN	S Capital gail (included in box 2a)	4 Federal Income tax withheid		Records	
3-3689044 ***-**-0096  ECIPIENT'S name, street address (including apt. no.), city or town, state or province, unity, and ZIP or foreign postal code IOTE HARI 450DCB 933 RAVENSFIELD DR ANTON, MI 48188			5 Employee contributions/Designated Roth contributions or insurance premiums \$151.55	6 Net unrealized appreciation in employer's securities			
			7 Distribution code(s) IRA / SEP /	8 Other	A 100 CO. CO.	This information is	
			9a Your percentage of total distribution	9b Total employee contribution	<u>%</u>	being furnished to the IRS.	
21 (p) 11 x/2			%	Total cirployee considered	The property of the control of the c	the IKS.	
			14 State tax withheld	15 State/Payer's state no. 16 State distribution			
10 Amount allocable to IRR within	11 1st year of desig.	12 FATCA filing	17 Local tax withheld	MI/133689044	THE STATE OF THE S	40 Local Establisher	
5 years	Roth contrib. 2021	requirement	Para de la company de la compa	18 Name of locality 19 Local distribu		19 Local distribution	
Account number (see instructions) 51332800000	epoch and the second	13 Date of payment	y 17 M me met			to make special terms	
Form 1099-R	(keep for your reco	rds)	www.irs.gov/Form1099R	Department of the Treason	ury-Internal i	Revenue Service	
	AND THE PARTY OF THE PARTY	The second second	CORRECTED (if checked)				
PAYER'S name, street address, city	or town, state or	- 400000 - 10000000000000000000000000000	1 Gross distribution OMB No. 1545-0119				
province, country, ZIP or foreign pos TRANSAMERICA RETIRE			\$151.55	the state of the party of the same	Distribution	ons From Pensions	
6400 C STREET SW			2a Taxable amount	Annuities Profit-Sh		s, Retirement or paring Plans, IRAs,	
CEDAR RAPIDS, IA 52499	4 1 4 4 1 1		2b Taxable amount not	Form 1099-R	Insurance	Contracts, etc.	
	encountries of Enterprise from	Maria Maria	determined	Total distribution	n X	Copy 2 File this copy	
FOR QUESTIONS CALL 800-401-8726			3 Capital gain (included in box 2a)	4 Federal income tax withheld		with your state,	
PAYER'S TIN 13-3689044	RECIPIENT'S		5 Employee contributions/Designated	6 Net unrealized appreciation in employer's		city, or local income tax	
RECIPIENTS name, street address (including apt. no.), city or town, state or province,			5 Employee contributions/Designated Roth contributions or insurance premiums \$151.55		employers	return, when required.	
country, and ZIP or foreign postal co MOTE HARI	de	450DCB	7 Distribution code(s) IRA/SEP/	8 Other	Cal collection of	The say to have a trape day.	
3933 RAVENSFIELD DR CANTON, MI 48188			9a Your percentage of total distribution	SIMPLE %		COLUMN CONTRACTOR CONTRA	
OA14 1 O14, IVII 40 100			%	15 State/Payer's state no.		the second of	
			14 State tax withheld			16 State distribution	
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O Amount allocable to IRR within years	11 1st year of desig. Roth contrib. 2021	12 FATCA filing requirement	17 Local tax withheld	18 Name of locality		19 Local distribution	
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1332800000			www.irs.gov/Form1099R	Department of the Treas	unt-Internal I	Revenue Condos	

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