

CORRECTED (if checked)

Date Printed 01/19/2023

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
EMPOWER TRUST COMPANY LLC
 PO BOX 173764 D999
 DENVER, CO 80217-3764
 1-800-338-4015

PAYER'S TIN
84-1455663

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code
ILSE BARAJAS
 1141 W DUARTE RD
 UNIT C
 ARCADIA, CA 91007

RECIPIENT'S TIN
*****-**-9987**

10 Amount allocable to IRR within 5 years
 Account number (see instructions)
331491

11 1st year of desig. Roth contrib.

12 FATCA filing requirement

13 Date of payment

1 Gross distribution
\$4,776.34

2a Taxable amount
\$0.00

2b Taxable amount not determined

3 Capital gain (included in box 2a)

5 Employee contributions/Designated Roth contributions or insurance premiums

7 Distribution code(s) **G** IRA / SEP / SIMPLE

9a Your percentage of total distribution
 %

14 State tax withheld

17 Local tax withheld

OMB No. 1545-0119

2022

Form 1099-R

Total distribution

4 Federal income tax withheld

6 Net unrealized appreciation in employer's securities

8 Other %

9b Total employee contributions

15 State/Payer's state no.
CA/81348716

18 Name of locality

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

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.

This information is being furnished to the IRS.

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury-Internal Revenue Service

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

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