			CORRECTED (if che	ecked)	Date Printed 01/19/20	023		
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			1 Gross distribution \$4,776.34		OMB No. 1545-0119	7	Distributions From Pensions,	
					2022			
			2a Taxable amount		2022	Annuities, Retirement or Profit-Sharing Plans, IRAs,		
				\$0.00	Form 1099-R		ce Contracts, etc.	
-000-550-4015		2b Taxable amount not determined		Total distributio	n X	Сору В		
			3 Capital gain (included in	box 2a)	4 Federal income tax withheld		Report this income on your federal tax	
PAYER'S TIN RECIPIENT'S TIN							return. If this form	
84-1455663 ***-**-9987			5 Employee contributions/Designated Roth contributions or insurance		6 Net unrealized appreciation in employer's securities		shows federal income tax withheld in	
RECIPIENT'S name, street address (inclu- country, and ZIP or foreign postal code	ding apt. no.), city or town,	state or province,	premiums	surance	30Curities		box 4, attach this	
ILSE BARAJAS 1141 W DUARTE RD UNIT C ARCADIA, CA 91007			7 Distribution code(s)	A/SEP/	8 Other	%	copy to your return.	
			9a Your percentage of total		9b Total employee contribution		This information is being furnished to the	
				%			IRS.	
			14 State tax withheld		15 State/Payer's state no.		16 State distribution	
					04/2/2/2/2			
AN Annual Complete IDD within 145 setupe of days			17 Local tax withheld		CA/81348716 18 Name of locality		10 Land distribution	
10 Amount allocable to IRR within S years 112 FATCA filing Roth contrib.			17 Local lax withheld		Name of locality	- 1	19 Local distribution	
Account number (see instructions)		13 Date of payment						
Form 1099-R		N N	ww.irs.gov/Form109	9R [Department of the Treasu	ry-Internal I	Revenue Service	
					paramont or ano mouda	,		
		_	CORRECTED (# +b-		Date Printed 01/19/2023			
PAYER'S name, street address, city or town, state or			CORRECTED (if che 1 Gross distribution	ескеа)	OMB No. 1545-0119			
EMPOWER TRUST COM	province, country, ZIP or foreign postal code, and telephone no. EMPOWER TRUST COMPANY LLC PO BOX 173764 D999 DENVER, CO 80217-3764			\$4,776.34	2022	Annuities,	ns From Pensions, Retirement or	
DENVER, CO 80217-3764				\$0.00		Profit-Shar	ring Plans, IRAs, Contracts, etc.	
1-800-338-4015			2b Taxable amount not	\$0.00	Total distribution	X	Сору С	
			determined 3 Capital gain (included in	n box 2a)	4 Federal income tax withheld		For Recipient's Records	
PAYER'S TIN								
84-1455663 ***-**-9987 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			5 Employee contributions Roth contributions or in premiums	s/Designated surance	6 Net unrealized appreciation in employer's securities			
			7 Distribution code(s)	RA/SEP/	8 Other		This information is being furnished to the IRS.	
			G S 9a Your percentage of to	SIMPLE	9b Total employee contribution	% ins		
				%				
			14 State tax withheld		15 State/Payer's state no.		16 State distribution	
					CA/81348716			
10 Amount allocable to IRR within 11 1st year of desig. 12 FATCA filing requirement 13 Date of payment 13 Date of payment 14 Date of payment 15 Date of payment 15 Date of payment 16 Date of payment 17 Date of payment 18			17 Local tax withheld		18 Name of locality		19 Local distribution	
331491		d-)	enviso con/Form10	000	Denot - L fill T			
Form 1099-R (ke	eep for your record	15) W	ww.irs.gov/Form10	ฮฮก	Department of the 11	easury-int	ernal Revenue Service	
			CORRECTED (If c	h a alteral	Date Printed 01/19	V2022		
AYER'S name, street address, city or town	chata or		1 Gross distribution	ricched)	OMB No. 1545-011			
rounce, country, 279 or foreign postal code, and telephone no. EMPOWER TRUST COMPANY LLC PO BOX 173764 D999 DENVER, CO 80217-3764 1-800-338-4015				\$4,776.34		Distril	butions From Pension	
			2a Taxable amount		2022	Profit-	ities, Retirement or Sharing Plans, IRAs,	
			at Toucht and at act	\$0.00			Copy 2	
			2b Taxable amount not determined		Total distribu		File this copy with your state, city, or local	
			3 Capital gain (included	in box 2a)	4 Federal income tax withhe	ild		
PAYER'S TIN RECIPIENT'S TIN 84-1455663 9987			5 Employee contributions/Designated Roth contributions or insurance		6 Net unrealized appreciation in employer's		return, when	
RECIPIENTS name, street address (inch		, state or province,	Roth contributions or premiums	m reur al 100	secunties		required.	
country, and ZIP or toreign postal code ILSE BARAJAS			7 Distribution code(s)	IRA/SEP/ SIMPLE	8 Other	%	%	
1141 W DUARTE RD			9a Your percentage of t	otal distribution	9b Total employee contribution	ons		
ARCADIA, CA 91007			14 State tax withheld	%	15 State/Payer's state no.		16 State distribution	
				CA/81348716		19 Local distribution		
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		- a special distribution	
Account number (see thetructions) 331491	1	13 Date of payment						
001401			1 100	200	D 1		al Damanua Candan	

www.irs.gov/Form1099R

Form 1099-R

Department of the Treasury-Internal Revenue Service