

Form 1099-R

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. CHARLES SCHWAB TRUST BANK WESTERN ALLIANCE BANCORPORATION 401K 11800 SCHWAB WAY AUSTIN, TX 78758

1 Gross distribution \$ 34,744.58 2a Taxable amount \$ 0.00 2b Taxable amount not determined Total distribution

OMB No. 1545-0119 2022 Form 1099-R

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

PAYER'S TIN 82-3967259 RECIPIENT'S TIN XXX-XX-1694

3 Capital gain (included in box 2a) \$

4 Federal income tax withheld \$

5 Employee contributions / Designated Roth contributions or insurance premiums \$

RECIPIENT'S name, street address (incl. apt. no.), city or town, state or province, country, and ZIP or foreign postal code DEB, NITIN S 12410 ALAMEDA TRACE CIR #1524 AUSTIN, TX 78727

6 Net unrealized appreciation in employer's securities \$

7 Distribution code(s) G

8 Other \$ %

9a Your percentage of total distribution % \$

9b Total employee contributions \$

Account number (see instructions) 800943R-728048-88 11 1st year of desig. Roth contrib. \$

14 State tax withheld \$

15 State/Payer's state no. TX/

16 State distribution \$

Copy B Based on the status of the bond, all copies of the bond must be filed with the issuer or the issuer's agent. The issuer is not responsible for the accuracy of the information on this form.

13 Date of payment 12 FATCA filing requirement 10 Amount allocable to IRR within 5 years \$

17 Local tax withheld \$

18 Name of locality

19 Local distribution \$

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 authority, when required.

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Copy C For Recipient's Records This information is being furnished to the IRS

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(keep for your records)

Support Ph #: 800-724-7526

Department of the Treasury - Internal Revenue Service