PAVER'S name street address	city or town state		ECTED (if checke		OMB No. 1545-0	110	Distributions From	
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.					OIVID 140. 1545-0119		Pensions, Annuities,	
ARIZONA STATE RETIREMENT SYSTEM P.O. BOX 33910 PHOENIX AZ 85067 1-800-621-3778			\$ 1,801.77		20 23 F		Retirement or rofit-Sharing Plans,	
			2a Taxable amount		A STATE OF A	Sector Connector	IRAs, Insurance	
			\$		Form 1099-	R	Contracts, etc.	
			2b Taxable amount not determined		Total distribution		Copy B	
PAYER'S TIN RECIPIENT'S TIN		N	3 Capital gain (included in		4 Federal income tax		Report this	
		box 2a)		withheld		income on your federal tax		
86-0250939 XXX-XX-3251		\$		\$		return. If this		
RECIPIENT'S name			5 Employee contributions/ Designated Roth		6 Net unrealized appreciation in		form shows	
RATNA S AKULA			contributions or insurance premiums		employer's securities		tax withheld in	
Street address (including apt. no.) 1355 WOOD DUCK DR			\$		\$		box 4, attach this copy to	
			7 Distribution code(s)	IRA/ SEP/ SIMPLE	8 Other	1. C. 1. C. 1.	your return	
City or town, state or province, country, and ZIP or foreign postal code COPPELL, TX 75019-6143			G 9a Your percentage distribution	e of total	\$ 9b Total employee	% contributions	being furnished to	
10 Amount allocable to IRR	11 1st year of desig.	12 FATCA filing	14 State tax withhe	% eld	⊅ 15 State/Payer	's state no.	the IRS 16 State distribution	
within 5 years	Roth contrib.	requirement	\$		AZ/860250939		\$	
		13 Date of	\$ 17 Local tax withheld		18 Name of locality		5 19 Local distribution	
6208319		payment	\$				\$	
Form 1099-R		rs.gov/Form1099	\$ B		Department of	the Treasury	S - Internal Revenue Service	
Form 1099-11	••••••			-1)	Department of	the freasury		
PAYER'S name, street address,	city or town, state		ECTED (if checke		OMB No. 1545-0	119	Distributions From ensions, Annuities	
country, ZIP or foreign postal co					F		Retirement or	
ARIZONA STATE RETIREMENT SYSTEM P.O. BOX 33910 PHOENIX AZ 85067 1-800-621-3778			\$ 1,801.77 2a Taxable amour	at	2023	P	Profit-Sharing Plans	
						and the second	IRAs, Insurance	
			\$		Form 1099-I Total	R	Contracts, etc.	
AND AND AND AND AND AND			2b Taxable amour not determined	not determined		X	Copy C	
PAYER'S TIN	RECIPIENT'S TIN		3 Capital gain (included in box 2a)		4 Federal income tax withheld		For Recipient's	
86-0250939 XXX-XX-3251			\$		\$		Records	
RECIPIENT'S name			5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities \$		Constant and the second second	
RATNA S AKULA Street address (including apt. no.) 1355 WOOD DUCK DR City or town, state or province, country, and ZIP or foreign postal code								
			7 Distribution code(s)	IRA/ SEP/ SIMPLE	8 Other		This information is	
			G		\$	%	being furnished to	
COPPELL, TX 75019-6143			9a Your percentage distribution		9b Total employee	contributions	the IRS	
10 Amount allocable to IRR 11 1st year of design			distribution % 14 State tax withheld		 ▶ 15 State/Payer's state no. 		16 State distribution	
within 5 years	Roth contrib.	requirement	\$ \$		AZ/860250939		\$	
Account number (see instructions)		13 Date of	₱ 17 Local tax withhe	eld	18 Name of locality		\$ 19 Local distribution	
6208319		payment	\$				\$	
Form 1099-R (keep for your r	ecords)	www.irs	_s.gov/Form1099R		Department of t	the Treasury	\$ - Internal Revenue Service	
				-1)	Department of	the measury -		
PAYER'S name, street address,	city or town, state		CTED (if checke	and the second se	OMB No. 1545-0	119 D	Distributions From ensions, Annuities	
country, ZIP or foreign postal code, and telephone no. ARIZONA STATE RETIREMENT SYSTEM P.O. BOX 33910 PHOENIX AZ 85067 1-800-621-3778			 \$ 1,801.77 2a Taxable amount \$ 2b Taxable amount 		20 23 Pr Form 1099-R		Retirement or	
							rofit-Sharing Plans,	
							IRAs, Insurance	
							Contracts, etc.	
			not determined		Total distribution		Copy 2	
PAYER'S TIN	RECIPIENT'S TIN		3 Capital gain (included in box 2a)		4 Federal income tax withheld		File this copy	
86-0250939	XXX-XX-3251		6 DOX 24)				with your state, city, or local	
RECIPIENT'S name			5 Employee contributions/		6 Net unrealized		income tax	
RATNA S AKULA			Designated Roth contributions or		appreciation in employer's securities		return, when	
Street address (including apt. no.	insurance premiu	ms	\$		required.			
1355 WOOD DUCK DR	A CONTRACTOR OF A CONTRACTOR OFTA CONTRACTOR O		7 Distribution	IRA/ SEP/	8 Other			
City or town, state or province, cou	code(s)	SIMPLE	\$	%	Mark Constraint of			
COPPELL, TX 75019-6143		3 1	G 9a Your percentage	of total	9b Total employee		Die Servere reneren.	
	1 1st year of desig.	12 FATCA filler	distribution	%	\$	o otota	AC Obets alloca II at	
within 5 years	Roth contrib.	12 FATCA filing requirement	14 State tax withheld		15 State/Payer's state no.		16 State distribution	
			\$		AZ/860250939		\$	
Account number (see instructions)		13 Date of payment	17 Local tax withhe \$	d	18 Name of loc	ality	19 Local distribution \$	
6208319	King an analysis	Websenso App	\$			A CONTRACTOR	\$	
Form 1099-R	www.ii	rs.gov/Form1099F	3		Department of t	he Treasury -	Internal Revenue Service	