

Corrected (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>The Northern Trust Company</b> <i>Benefit Payment Services WB-38 50 S. LaSalle St. Chicago, Illinois 60603</i> <i>As Paying Agent for:</i>		1 Gross distribution <b>\$ 40,945.21</b>	OMB No. 1545-0119 <div style="font-size: 2em; font-weight: bold; text-align: center;">2023</div> <b>Form 1099-R</b>		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.  <b>Copy B</b>		
6232 AM01L <b>*AMERICAN FAMILY INSURANCE*</b> <b>EMPLOYEE LUMP SUM</b> <b>18777942864</b>		2a Taxable amount \$	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/>		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.		
PAYER'S TIN <b>36-3046063</b>		RECIPIENT'S TIN <b>***-**-4404</b>		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code  <b>PRAVEEN KUMAR THOTA</b> <b>2940 KENTVILLE DR</b> <b>SUN PRAIRIE WI 53590-4553</b>		7 Distribution code(s) <b>G</b>	IRA/ SEP/ SIMPLE <input type="checkbox"/>	8 Other \$		9a Your percentage of total distribution \$	9b Total employee contributions \$
Account number (see instructions) <b>6232000918205G N</b>		14 State tax withheld \$	15 State/Payer's state no.	16 State distribution \$		17 Local tax withheld \$	18 Name of locality \$
Form 1099-R		<a href="http://www.irs.gov/Form1099R">www.irs.gov/Form1099R</a>		Department of the Treasury - Internal Revenue Service			

Corrected (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>The Northern Trust Company</b> <i>Benefit Payment Services WB-38 50 S. LaSalle St. Chicago, Illinois 60603</i> <i>As Paying Agent for:</i>		1 Gross distribution <b>\$ 40,945.21</b>	OMB No. 1545-0119 <div style="font-size: 2em; font-weight: bold; text-align: center;">2023</div> <b>Form 1099-R</b>		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.  <b>Copy C</b>		
6232 AM01L <b>*AMERICAN FAMILY INSURANCE*</b> <b>EMPLOYEE LUMP SUM</b> <b>18777942864</b>		2a Taxable amount \$	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/>		For Recipient's Records  This information is being furnished to the IRS.		
PAYER'S TIN <b>36-3046063</b>		RECIPIENT'S TIN <b>***-**-4404</b>		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code  <b>PRAVEEN KUMAR THOTA</b> <b>2940 KENTVILLE DR</b> <b>SUN PRAIRIE WI 53590-4553</b>		7 Distribution code(s) <b>G</b>	IRA/ SEP/ SIMPLE <input type="checkbox"/>	8 Other \$		9a Your percentage of total distribution \$	9b Total employee contributions \$
Account number (see instructions) <b>6232000918205G N</b>		14 State tax withheld \$	15 State/Payer's state no.	16 State distribution \$		17 Local tax withheld \$	18 Name of locality \$
Form 1099-R (keep for your records)		<a href="http://www.irs.gov/Form1099R">www.irs.gov/Form1099R</a>		Department of the Treasury - Internal Revenue Service			

Corrected (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>The Northern Trust Company</b> <i>Benefit Payment Services WB-38 50 S. LaSalle St. Chicago, Illinois 60603</i> <i>As Paying Agent for:</i>		1 Gross distribution <b>\$ 40,945.21</b>	OMB No. 1545-0119 <div style="font-size: 2em; font-weight: bold; text-align: center;">2023</div> <b>Form 1099-R</b>		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.  <b>Copy 2</b>		
6232 AM01L <b>*AMERICAN FAMILY INSURANCE*</b> <b>EMPLOYEE LUMP SUM</b> <b>18777942864</b>		2a Taxable amount \$	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/>		File this copy with your state, city, or local income tax return, when required.		
PAYER'S TIN <b>36-3046063</b>		RECIPIENT'S TIN <b>***-**-4404</b>		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code  <b>PRAVEEN KUMAR THOTA</b> <b>2940 KENTVILLE DR</b> <b>SUN PRAIRIE WI 53590-4553</b>		7 Distribution code(s) <b>G</b>	IRA/ SEP/ SIMPLE <input type="checkbox"/>	8 Other \$		9a Your percentage of total distribution \$	9b Total employee contributions \$
Account number (see instructions) <b>6232000918205G N</b>		14 State tax withheld \$	15 State/Payer's state no.	16 State distribution \$		17 Local tax withheld \$	18 Name of locality \$
Form 1099-R		<a href="http://www.irs.gov/Form1099R">www.irs.gov/Form1099R</a>		Department of the Treasury - Internal Revenue Service			

