JPMORGAN CHASE BAN	K NA TEFRA ACCT				51,5	2023	Prof	it-Sharing Plans, IRA's,	
DELOITTE CONTACT CENTER PO BOX 9001 NORPOLK, VA 23501-6001 DELOITTE PENSION PLAN PHONE SUPPORT: 1-800-335-6488				2a Taxable amount \$7,57		ECON TONS B Ins		urance Contracts, etc.	
				2b Taxable amount not determined Total Distribution				Сору В	
								Report this income on your federal tax	
				3 Capital Gain (included in bo	ox 2a)	4 Federal Income tax w		return. If this form	
PAYER'S TIN 13-3795042	13-3795042 XXX-XX-5294						\$1,514.24		
RECIPIENTS name, street address (Including apt. no.) city, state, ZIP code GURURAJ, CHETANA 144 MOUNTAIN AVE PISCATAWAY, NJ 08854				5 Employee contributions/Desg. Roth contrib. or insurance premiums		6 Net unrealized appreciation in employer's securities		This information is	
				7 Distribution Code(s)	SMPLE	8 Other	46	furnished to the Internal Revenue Service.	
	Terres et teste	142	FATCA 61	9a Your percentage of total d	istribution %	9b Total employee contr			
10 Amount allocable to RR within 5 years	11 1st year of desig. Roth contrib.	12	2 FATCA filing requirement	14 State tax withheld	\$114.00			16 State Distribution \$7,571.1	
coount number (see instructions) 41700DT3334958		13 Date of payment			18 Name of Locality	Name of Locality			
orm 1099-R				www.irs.gov/Form 1099R CORRECTED (if checked	1)	Department of the T	reasury	- Internal Revenue Servi	
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code, and phone no.				1 Gross Distribution	\$7,5	71.18 OMB No 1545-011	9 Ann	stributions From Pension nuities, Retirement or ofit-Sharing Plans, IRA's, urance Contracts, etc.	
JPMORGAN CHASE BANK NA TEFRA ACCT DELOITTE CONTACT CENTER PO BOX 9001			2a Taxable amount	\$7,5	71.18 FORM 1099-R				
NORFOLK, VA 23501-9001 DELOITTE PENSION PLAN				2b Taxable amount not dete	able amount not determined Total Distribution			Copy C	
PHONE SUPPORT: 1-800-335-6488								For Recipient's Records.	
PAYER'S TIN 13-3795042	WWW WW ARR			3 Capital Gain (included in bo	ox 2a)	furn		This information is bein furnished to the Interna	
RECIPIENT'S name, street address (including apt. no.) city, state, ZIP code GURURAJ.CHETANA 144 MOUNTAIN AVE PISCATAWAY, NJ 08954				5 Employee contributions/De contrib, or insurance premiur		th 6 Net unrealized appreciation in employer's securities		Revenue Service	
				7 Distribution Code(s)	IRA/SEP/ SIMPLE	8 Other	%		
				9a Your percentage of total d	istribution %	9b Total employee contri	butions		
10 Amount allocable to IRR within 5 years	Don't discount to		requirement	14 State tax withheld \$114.00		15 State/Payer's State No. NJ/133-795-042/000		16 State Distribution \$7,571.1	
Account number (see inst	tructions)		13 Date of payment	17 Local Tax Withheld		18 Name of Locality		19 Local Distribution	
141700DT3334958 Form 1099-R		_		www.irs.gov/Form 1099R		Department of the T	reasury	- Internal Revenue Servi	
, OIIII 1000-11				CORRECTED (if checked)				
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code, and phone no. JPMORGAN CHASE BANK NA TEFRA ACCT DELOITTE CONTACT CENTER PO BOX 9001				1 Gross Distribution	ross Distribution \$7,571.18 OMB No. 1545-0119			Distributions From Pension Annuities, Retirement or Profit-Sharing Plans, IRA's, Insurance Contracts, etc.	
				2a Taxable amount	\$7,57	2023 Prof			
NORFOLK, VA 23501-800				2b Taxable amount not deter	V. 10 12:20	Total Distribution		Copy 2	
DELOITTE PENSION PLAN				D Taxable amount not determined		⊠ ⊠		File this copy with you	
PHONE SUPPORT: 1-800-335-6488				3 Capital Gain (included in bo	x 2a)	4 Federal income tax withheld \$1,514.24		state, city, or local income tax return, when	
PAYER'S TIN 13-3795042 RECIPIENTS TIN XXX-XX-5294						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	required.		
RECIPIENT'S name, street address (including apt. no.) city, state, ZIP code GURURAJ, CHETANA 144 MOUNTAIN AVE PISCATAWAY, NJ 08854						6 Net unrealized appreciation in employer's securities			
				7 Distribution Code(s)	IRAGEP/ SMPLE	8 Other	%		
				9a Your percentage of total dis	stribution %	9b Total employee contrit	outions		
10 Amount allocable to IRR within 5 years			ATCA filing equirement	14 State tax withheld	\$114.00	15 State/Payer's State No. NJ/133-795-042/000		16 State Distribution \$7,571.	
Account number (see Inst				17 Local Tax Withheld 18 Nam		18 Name of Locality	Name of Locality		
141700DT3334958						Department of the T			