

Form 1099-R
Account number (see instructions) 626983
TRACKING #: 3804869011
Department of the Treasury - Internal Revenue Service
www.irs.gov/Form 1099-R

10	Amount allocable to IRRA within 5 years	\$	11	1st year of filing requirement	
12	FATCA		13	Date of payment	
14	State tax withheld	\$ 35.00	17	Local tax withheld	\$
15	State/Payer's state no.	MD / 01477658	18	Name of locality	
16	State distribution	\$ 445.62	19	Local distribution	\$
<p>PAYER'S TIN: 42-0127290 RECIPIENT'S TIN: XXX-XX-1920</p> <p>PAYER'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code: PRINCIPAL LIFE INSURANCE CO, 711 HIGH STREET, DES MOINES, IA 50392-0001</p> <p>RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code: SURYAKUMAR PULPATI, 22470 WINDING WOODS WAY, CLARKSBURG, MD 20871-6352</p>					
1	Gross distribution	\$ 445.62	2a	Taxable amount	\$ 445.62
2b	Taxable amount not determined		2c	Taxable amount	\$ 445.62
<p>Total distribution <input checked="" type="checkbox"/> Total distribution <input type="checkbox"/></p> <p>OMB No. 1545-0119 Form 1099-R 2023</p>					
<p>Distributions from Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</p>					
<p>Copy B</p> <p>Report this income on your return. If this federal income tax withheld in box 4, attach this copy to your return.</p> <p>This information is being furnished to the IRS.</p>					

CORRECTED (if checked)

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<p>Copy C</p> <p>For Recipient's Records</p> <p>This information is being furnished to the IRS.</p>					

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<p>Distributions from Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</p>					
<p>Copy 2</p> <p>File this copy with your state, city, or local income tax return, when required.</p>					

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