Form 1099-R CORRECTED (if checked) OMB No. 1545-0119 2023					Form 1099-R CORRECTED (if checked) OMB No. 1545-0119 2023					
1 Gross distribution 2849.85	2a Taxable amount 2849.85		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs,		1 Gross distribution 2849.85	2a Taxable amount 2849.85		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs,		
2b Taxable amount not determined	Total distribution		Insurance Contracts, etc. 12 FATCA fling 13 Date of payment		2b Taxable amount not determined	Total distribution			Insurance Contracts, etc. 12 FATCA filing 13 Date of payment	
not determined	distribution		requirement		not determined	distribution		requirement		
PAYER'S name, street address				d phone no.	PAYER'S name, street address				, and phone no	
ADP RETIREMEN 686111 SWAN 4 NORTHEASTEN SALEM NH 030	NK TEK INC 4 RN BLVD				ADP RETIREMEN 686111 SWAN 4 NORTHEASTER SALEM NH 0307	K TEK IN				
PAYER'S TIN	RECIPIENT'S				PAYER'S TIN	RECIPIENT'				
57-1198022 3 Capital gain (included	4 Federal income tax withheld		X - 9507 5 Employee contributions/Designated		57-1198022 3 Capital gain (included	4 Federal inco	ome tax withheld	X - 9507 5 Employee contributions/Designated		
in box 2a)	004	00	Roth contributions or insuran	nce premiums			004.00	Roth contributions or ins		
O.00 6 Net unrealized appreciation in employer's securities	\$ 284 7 Distribution code(s	-	\$ 0.00 8 Other	1 %	O.00 Net unrealized appreciation in employer's securities	7 Distribution	284.98 code(s) IRA/ SEP/ SIMPL	\$ 0.00	%	
\$ 0.00	8	- 4	\$ 0.00		\$ 0.00	8		\$ 0.00		
9a Your percentage of total dis	stribution 9b T	otal empl	oyee contributions		9a Your percentage of total dis	stribution	9b Total empl	loyee contributions		
% \$ O. Feorgieni's name, street address (including aut, no.), city or town, state or province, country, and Zip or							6 \$	0.00		
Recipient's name, street address (inclu	iding apt. no.), city or town, st	ate or provin	ice, country, and Zip or foreign p	oostal code	Recipient's name, street address (inclu		town, state or provin	nce, country, and Zip or forei	gn postal code	
UPPALAPATI V 13722 LAPWING CLARKSBURG MI	G WAY				026406 SADA99M UPPALAPATI VI 13722 LAPWING CLARKSBURG MD	DYA SAG	В			
Account number (see instruc.) 2024011321030080		lesig. Roth contrib	. 10 Amount allocable to IRR w	ithin 5 years	Account number (see instruc.) 202401132103008		1st year of desig. Roth contrib	b. 10 Amount allocable to IR	R within 5 year	
14 State tax withheld	15 State/Payer's state no. MD 1 18 1934 1		16 State distribution 2849.85		14 State tax withheld	15 State/Paye	15 State/Payer's state no. 16 Sta		State distribution 2849.85	
17 Local tax withheld	18 Name of locality		\$ 2849.85 19 Local distribution		17 Local tax withheld			\$ 2849.85 19 Local distribution		
\$	with your state, city, o		\$ Department of the Treasury		\$		with your state, city, or Dept			
Form 1099-R 1 Gross distribution 2849.85 \$ 2b Taxable amount	CORRECTED (if ch		OMB No. 1545-0119 2023 Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. 12 FAYCANING 13 Date of payment		Form 1099-R 1 Gross distribution 2849.85 \$ 2b Taxable amount	CORRECTED (if checked) 2a Taxable amount 2849.85 Total		OMB No. 1545-0119 2023 Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. 12 FATCA fling 13 Date of payment		
not determined	distribution		requirement		not determined	distribution		requirement		
PAYER'S name, street address				d phone no.	PAYER'S name, street address				and phone no	
ADP RETIREMEN 686111 SWAN 4 NORTHEASTER SALEM NH 030	NK TEK INC 4 RN BLVD				ADP RETIREMEN 686111 SWAN 4 NORTHEASTER SALEM NH 0307	K TEK IN				
PAYER'S TIN RECIPIENT'S					PAYER'S TIN		RECIPIENT'S			
57-1198022 3 Capital gain (included			X-9507 5 Employee contributions/Design	gnated	57-1198022 3 Capital gain (included	4 Federal inco	NAME OF TAXABLE PARTY OF TAXABLE PARTY.	XX-9507 d 5 Employee contributions/D	Designated	
in box 2a)	004		Roth contributions or insuran	ice premiums	in box 2a)		284.98	Roth contributions or insu	urance premiun	
6 Net unrealized appreciation	\$ 284 7 Distribution code(s		\$ 0.00 8 Other	%	\$ 0.00 6 Net unrealized appreciation	\$ 7 Distribution		\$ 0.00	%	
in employer's securities • 0.00	8	SIMPL	s 0.00		in employer's securities	8	SIMPL	E 0.00		
9a Your percentage of total dis		otal empl	oyee contributions		9a Your percentage of total dis		9b Total empi	loyee contributions		
	% \$		0.00			9,	6 \$	0.00		
Recipient's name, street address (inclu		ate or provin	ce, country, and Zip or foreign p	ostal code	Recipient's name, street address (inclu	-		ice, country, and Zip or foreig	gn postal code	
UPPALAPATI VI 13722 LAPWING CLARKSBURG ME	WAY				UPPALAPATI VI 13722 LAPWING CLARKSBURG MD	WAY	В			
Account number (see instruc.) 20240113210300804482		10 Amount allocable to IRR within 5 years		Account number (see instruc.) 11 1st year of 20240113210300804482		1st year of desig. Roth contrib	desig. Roth contrib. 10 Amount allocable to IRR within 5 years			
14 State tax withheld	15 State/Payer's state no. MD 1 18 1934 1		16 State distribution 2849.85		14 State tax withheld	15 State/Paye	15 State/Payer's state no. MD 1 18 1934 1 8 2849			
17 Local tax withheld	18 Name of locality		\$ 2049.83		17 Local tax withheld	18 Name of lo		19 Local distribution		
Copy C For Recipient's Records			\$		S Conv B Poport this in			\$		
This informa being furnish	tion is	ras	Department of thi Internal Revenue (keep for your rec www.irs.gov/Form	Service cords)	Copy B Report this in federal tax return. If t shows federal income in box 4, attach this o www.irs.gov/Form1099R	his form tax withhe	ld	Department of Internal Rever This informa being furnish the	nue Service tion is	