

PAYER'S Name, Street Address, City, State, and ZIP code

MILLENNIUM TRUST COMPANY, LLC
PO BOX 940287
PLANO TX 75094

RECIPIENT'S Name and Address

0214001 01 AB 0.547 **AUTO T8 0 0446 97123-395847 -C01-P14235-I



VISHWANATH GURRAPU
7047 SE TAMARACK ST
HILLSBORO OR 97123-3958



1 Gross distribution \$ 53.35		2a Taxable amount \$ 53.35		OMB No. 1545-0119 2023 Form 1099-R: Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. This information is being furnished to the IRS
2b Taxable amount not determined X		Total distribution X		
3 Capital gain (included in Box 2a) \$		4 Federal income tax withheld \$		
5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		
7 Distribution code(s) 1		IRA/SEP/SIMPLE X	8 Other \$	COPY C For Recipient's Records
9a Your percentage of total distribution %		9b Total employee contributions \$		
14 State tax withheld \$		15 State/Payer's state no. 14519639		16 State distribution \$
17 Local tax withheld \$		18 Name of locality		19 Local distribution \$

Customer service phone number (630) 368-5600		10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib. <input type="checkbox"/>	12 FATCA filing requirement <input type="checkbox"/>
PAYER'S TIN 91-2088763	RECIPIENT'S TIN XXX-XX-8106	Account Number (see instructions) XXX6220 REF114256		13 Date of payment

FORM 1099-R (keep for your records)

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

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7 Distribution code(s) 1		IRA/SEP/SIMPLE X	8 Other \$	COPY 2 File this copy with your state, city, or local income tax return, when required.
9a Your percentage of total distribution %		9b Total employee contributions \$		
14 State tax withheld \$		15 State/Payer's state no. 14519639		16 State distribution \$
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7 Distribution code(s) 1		IRA/SEP/SIMPLE X	8 Other \$	COPY B 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.
9a Your percentage of total distribution %		9b Total employee contributions \$		
14 State tax withheld \$		15 State/Payer's state no. 14519639		16 State distribution \$
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0446-01-00-0214001-0001-0214439

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