

<input type="checkbox"/> CORRECTED (if checked)		OMB No. 1545-0119 2023 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
1 Gross distribution \$ 15914.65		2a Taxable amount \$ 15914.65		2b Taxable amount not determined Total distribution X	
3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 3182.93			
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. ALIGHT SOLUTIONS BPS DEERE SALARY QUAL PLAN PO BOX 1405 LINCOLNSHIRE, IL 60069-1405 844-689-7833					
PAYER'S TIN 20-2387942			RECIPIENT'S TIN XXX-XX-9856		
RECIPIENT'S name, street address, (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code RATNA TEJA JALADI 1944 CANTONATA DR LEANDER, TX 78641					
Account no. (see instructions) 00017300035R1001		13 Date of payment			
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	
8 Other \$		9a Your percentage of total distribution %		9b Total employee contributions \$	
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib. \$		12 FATCA filing requirement <input type="checkbox"/>	
14 State tax withheld \$		15 State/Payer's state no. \$		16 State distribution \$	
17 Local tax withheld \$		18 Name of locality \$		19 Local distribution \$	
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.				This information is being furnished to the IRS.	

Form 1099-R www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

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Copy C - For Recipient's Records (keep for your records)				This information is being furnished to the IRS.	

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Copy 2 - File this copy with your state, city, or local income tax return, when required.					

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