٢	1
0	ğ
7700	1450
00	20
200	400
č	5
č	5
00000	00000

X

	(if checked)	2023 R	etirement or	rom Pensions Profit-Sharing ce Contracts, e	Plans.	CORRECTED (if checked)	OMB No. 1545-0119 2023	Retirement or	rom Pensions, A Profit-Sharing Pl	lans,	
	1 Gross distribution	2a Taxable an		2h Taxable an	nount	1 Gross distribution	Form 1099-R 2a Taxab		ce Contracts, etc		
	\$ 15914.6	S5 \$	15914.65		oution X	\$	15914.65 \$	15914.6	not determine	ed	
	3 Capital gain (included in box \$	2a)	4 Federal incor	ne tax withheld		3 Capital gain (inclu	uded in box 2a)	4 Federal inco			
	PAYER'S name, street address postal code, and telephone no. ALIGHT SOLUTIONS BPS DEERE SALARY QUAL PLA PO BOX 1405 LINCOLNSHIRE, IL 60069-1	AN	n, state or province, country, ZIP or foreign			\$ 3182.9 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					
					44-689-7833				844-	-689-7833	
	PAYER'S TIN RECIPIENT'S			N		PAYER'S TIN		RECIPIENT'S T	RECIPIENT'S TIN		
	20-2387942 RECIPIENT'S name, street add	Iress (including ant	XXX-XX-9856	atata as assisse		20-2387942		XXX-XX-9856			
	country, and ZIP or foreign post RATNA TEJA JALADI 1944 CANTONATA DR LEANDER, TX 78641	tal code	isi, siy or own	, state of province,		country, and ZIP or 1 RATNA TEJA JAL 1944 CANTONAT, LEANDER, TX 786	A DR	apt. no.), city or tow	n, state or province,		
	Account no. (see instructions)	00017300035F	R1001 13	Date of payment		Account no. (see inst	ructions) 00017300	035R1001 13	Date of payment		
	5 Employee contributions/ Designated Roth contribution	6 Net unrealize	ed 7	Distribution code(s)	IRA/ SED/	5 Employee contrib	utions/ 6 Net unre	alized		IRA/	
	or insurance premiums \$	appreciation employer's se	ecurities	code(s)	SEP/ SIMPLE	5 Employee contrib Designated Roth or insurance pren		tion in r's securities	code(s)	IRA/ SEP/ SIMPLE	
	8 Other	9a Your percent	tage of	1 b Total employee		\$ Other	\$		1		
		total distribut	tion	contributions		8 Other	9a Your pe total dis	rcentage of tribution	9b Total employee contributions		
		%	% \$			\$	%	%	5		
	10 Amount allocable to IRR wit	thin 5 years	11 1st year of de Roth contrib.	esig. 12 FATO	CA filing		to IRR within 5 years	11 1st year of c	esig. 12 FATCA1	filing	
	14 State tax withheld	15 State/Payer	r's state no 1	6 State distribution		\$ 14 State tax withhel	1 45 00 05		requiren	nent	
	\$	- Constant dyon	\$		211	14 State tax withhel	d 15 State/P		16 State distribution		
	\$		\$			\$			<u> </u>		
	17 Local tax withheld \$	18 Name of loc	,	9 Local distribution	on	17 Local tax withhel	d 18 Name o		19 Local distribution		
	\$		\$			\$			\$		
		me on your fede	eral tax				\$		\$		
	Copy B - Report this incorreturn. If this form shows withheld in box 4, attach to	federal income	tax	This information furnished to the		(keep for your re	cipient's Records	This information is being			
L	withheld in box 4, attach this copy to your return. furnished to the IRS. Form 1099-R www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service						irs.gov/Form1099R Depa		furnished to the IRS		
	CORRECTED (if checked) CORRECTED 2023 Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.					CORRECTED (if checked)					
	1 Gross distribution	2a Taxable am		2b Taxable amonot determine	ount ned	1 Gross distribution	2a Taxable		2h Taxable amoun	nt	
-	3 Capital gain (included in box 2		15914.65	Total distribi		\$	15914.65 \$	15914.65	not determined Total distribution		
	\$	(a)	Federal incom	e tax withheld	0400.00	3 Capital gain (include	ded in box 2a)	4 Federal incon	e tax withheld		
	PAYER'S name, street address, postal code, and telephone no. ALIGHT SOLUTIONS BPS DEERE SALARY QUAL PLAN PO BOX 1405 LINCOLNSHIRE, IL 60069-14	N	r province, counti		3182.93	PAYER'S name, stree postal code, and telep ALIGHT SOLUTION DEERE SALARY O PO BOX 1405 LINCOLNSHIRE, IL	NS BPS PUAL PLAN		ry, ZIP or foreign	3182.93	
Total Control	PAYER'S TIN	ĪR	RECIPIENT'S TIN		4-689-7833	PAYER'S TIN	other than the same of the sam	I DEOLDIE LINE		689-7833	
	20-2387942	>	XX-XX-9856			20-2387942		RECIPIENT'S TIN			
	RECIPIENT'S name, street addrecountry, and ZIP or foreign posta RATNA TEJA JALADI 1944 CANTONATA DR LEANDER, TX 78641	ess (including ant r	no.), city or town,	state or province,			DI DR	XXX-XX-9856 apt. no.), city or town	state or province,		
-	Account no. (see instructions)	00017300035R	1001 13 [ate of payment		Account no. (see instru	uctions) 000173000	35D1001 112	Date of payment		
	 Employee contributions/ Designated Roth contributions or insurance premiums 	6 Net unrealized appreciation in employer's sec	1	Distribution code(s)	IRA/ SEP/ SIMPLE	5 Employee contribu Designated Roth cor insurance premi	tions/ 6 Net unrea		Distribution	IRA/ SEP/ SIMPLE	
1	3 Other	9a Your percenta	age of 91	Total employee		8 Other	9a Your perd	centage of	b Total employee		
		total distribution		contributions			total distr	bution	contributions		
1	0 Amount allocable to IRR with		% \$ 1. 1st year of des	in 42 FATO	\ Elling	\$	%	% \$			
9		ii o yoais	1 1st year of des Roth contrib.	eig. 12 FATC/ require		10 Amount allocable \$	to IRR within 5 years	11 1st year of de Roth contrib.	sig. 12 FATCA fil requireme		
1 9		15 State/Payer's	\$	State distribution		14 State tax withheld \$	15 State/Pa	yer's state no. 1			
-	7 Local tax withheld	18 Name of loca	\$ ality 19	Local distribution		\$ 17 Local tax withheld		\$			
1.						17 Local tax withheld	18 Name of	locality 1:			

\$

Copy 2 - File this copy with your state, city, or local income tax

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

return, when required.

\$

return, when required.

OMB No. 1545-0119

Distributions From Pensions, Annuities,

\$

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

Copy 2 - File this copy with your state, city, or local income tax