

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

MERRILL LYNCH AS CUSTODIAN
P.O. BOX 2150
LAKEWOOD, NJ 08701-8150
1-800-738-1099

TX 020000 492 805 065023 #01 AB 0.547

MOHAN SIVA KONAKANCHI
1669 STOWERS TRL
HASLET TX 76052-5217

Account number (see instructions) 5LB23Z86		<input type="checkbox"/> CORRECTED	
1 Gross distribution	PAYER'S TIN		
\$ 1,471.54	13-3180817		
2a Taxable amount	RECIPIENT'S TIN		
\$ 1,471.54	XXX-XX-9792		
2b Taxable amount not determined <input checked="" type="checkbox"/>	Total distribution <input checked="" type="checkbox"/>	2023 Form 1099-R	
3 Capital gain (included in box 2a)	4 Federal income tax withheld	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
\$	\$		
5 Employee contributions /Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	Copy 1 For State, City, or Local Tax Department	
\$	\$	10 Amount allocable to IRR within 5 years	
7 Distribution code(s) 1	IRA/SEP/SIMPLE <input checked="" type="checkbox"/>	8 Other	11 1st year of desig. Roth contrib.
	\$	%	
9a Your percentage of total distribution %	9b Total employee contributions	12 FATCA filing requirement <input type="checkbox"/>	
	\$		
13 Date of payment	14 State tax withheld	15 State/Payer's state no.	
	\$	TX	
16 State distribution	17 Local tax withheld	18 Name of locality	19 Local distribution
\$	\$		\$

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

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5 Employee contributions /Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	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.	
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