			CORRECTED (if	checked)	Date Printed 01/18/2024			
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. EMPOWER TRUST COMPANY LLC PO BOX 173764 D999 DENVER, CO 80217-3764 1-800-338-4015			Gross distribution Za Taxable amount	\$8,693.69	OMB No. 1545-0119	Annuities,	stributions From Pensions, nuities, Retirement or ofit-Sharing Plans, IRAs,	
				\$8,693.69	Form 1099-R		Contracts, etc.	
			2b Taxable amount not determined		Total distribution		Copy B Report this income on your federal tax	
			3 Capital gain (included	in box 2a)	4 Federal income tax withheld	\$1,738.74		
84-1455663 ***-**-9792 RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code MOHAN SIVA KRIS KONAKANCHI 1669 STOWERS TRAIL HASLET, TX 76052			5 Employee contribution Roth contributions or in premiums	ns/Designated insurance	6 Net unrealized appreciation in employer's securities		shows federal income tax withheld in box 4, attach this	
			7 Distribution code(s)	IRA / SEP / SIMPLE	8 Other	0/	- Copy to your return. This information is being furnished to the	
			9a Your percentage of t		9b Total employee contribution	ns		
			14 State tax withheld				IRS. 16 State distribution	
					TX		\$8,693.69	
10 Amount allocable to IRR within 5 years			17 Local tax withheld		18 Name of locality		19 Local distribution	
Account number (see instructions) 766104		13 Date of payment						
Form 1099-R		w	ww.irs.gov/Form10	99R	Department of the Trea	sury-Interna	Revenue Service	
			1		D-4- D-4 04/40/200			
PAYER'S name, street address, cit	CORRECTED (if o	checked)	Date Printed 01/18/202	: 4 7				
province, country, 2IP or foreign postal code, and telephone no.				\$8,693.69	2023		ns From Pensions, Retirement or	
PO BOX 173764 D999 DENVER, CO 80217-3764	2a Taxable amount	\$8,693.69	Form 1099-R	Profit-Shar	ring Plans, IRAs, Contracts, etc.			
1-800-338-4015			2b Taxable amount not		Total distribution		Copy C For Recipient's Records	
			determined 3 Capital gain (included	in box 2a)	4 Federal income tax withheld			
PAYER'S TIN	\$1,738.74 5 Employee contributions/Designated 6 Net unrealized appreciation in employer's		\$1,738.74					
84-1455663 ****-**-9792 RECIPIENTS name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code MOHAN SIVA KRIS KONAKANCHI 1669 STOWERS TRAIL HASLET, TX 76052			Roth contributions or i	Roth contributions or insurance securities				
			7 Distribution code(s)	IRA / SEP / SIMPLE	8 Other	%	This information is being furnished to the IRS.	
			9a Your percentage of t	otal distribution	9b Total employee contribution			
			14 State tax withheld	%			16 State distribution	
							\$8,693.69	
10 Amount allocable to IRR within		12 FATCA filing	17 Local tax withheld		18 Name of locality		19 Local distribution	
Account number (see instructions)	Roth contrib.	requirement 13 Date of payment						
766104 Form 1099-R	(keep for your reco		ww.irs.gov/Form10	99R	Department of the Trea	surv-Interns	l Revenue Service	
7 OIII 1000-IX	(Reep for your reec	, vv	www.ns.gov/1 oni1110	3310	Department of the Treat	sury-interna	ir revenue dervice	
	The second second							
	CORRECTED (if	checked)	Date Printed 01/18/202	24				
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			1 Gross distribution	\$8,693.69	OMB No. 1545-0119	Distribution	ns From Pensions, Retirement or ring Plans, IRAs, Contracts, etc.	
PO BOX 173764 D999	2a Taxable amount		2023	Annuities, Profit-Shar				
DENVER, CO 80217-3764 1-800-338-4015		\$8,693.69	Form 1099-R	Insurance				
			2b Taxable amount not determined		Total distribution		Copy 2 File this copy with your state, city, or local	
PAYER'S TIN RECIPIENT'S TIN			3 Capital gain (included	in box 2a)	4 Federal income tax withheld	\$1,738.74		
84-1455663 ***-**-9792			5 Employee contributions/Designated Roth contributions or insurance		6 Net unrealized appreciation in employer's securities		income tax return, when	
RECIPIENT'S name, street address country, and ZIP or foreign postal of MOHAN SIVA KRIS KONA	premiums				required.			
1669 STOWERS TRAIL		IRA / SEP / SIMPLE	8 Other	%				
HASLET, TX 76052			9a Your percentage of t	otal distribution %			9b Total employee contribution	is .
			14 State tax withheld		15 State/Payer's state no.		16 State distribution	
					TX S		\$8,693.69	
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement	17 Local tax withheld		18 Name of locality		19 Local distribution	
Account number (see instructions) 766104		13 Date of payment						