

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			1 Gross distribution \$11,724.31	OMB No. 1545-0119	2023 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
			2a Taxable amount \$11,724.31	Total distribution <input checked="" type="checkbox"/>		
PAYER'S TIN 84-1455663			RECIPIENT'S TIN ***-**-3609		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.	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code RAMANA GORLI 1724 BARNWOOD TRACE WESTON, TX 75009			3 Capital gain (included in box 2a)	4 Federal income tax withheld \$2,344.86		This information is being furnished to the IRS.
			5 Employee contributions/Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities		
10 Amount allocable to IRR within 5 years			11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>	17 Local tax withheld	
Account number (see instructions) 762338			13 Date of payment		18 Name of locality TX	
Form 1099-R			www.irs.gov/Form1099R		Department of the Treasury-Internal Revenue Service	

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			1 Gross distribution \$11,724.31	OMB No. 1545-0119	2023 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
			2a Taxable amount \$11,724.31	Total distribution <input checked="" type="checkbox"/>		
PAYER'S TIN 84-1455663			RECIPIENT'S TIN ***-**-3609		Copy C For Recipient's Records	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code RAMANA GORLI 1724 BARNWOOD TRACE WESTON, TX 75009			3 Capital gain (included in box 2a)	4 Federal income tax withheld \$2,344.86		This information is being furnished to the IRS.
			5 Employee contributions/Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities		
10 Amount allocable to IRR within 5 years			11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>	17 Local tax withheld	
Account number (see instructions) 762338			13 Date of payment		18 Name of locality TX	
Form 1099-R			(keep for your records)		www.irs.gov/Form1099R	
					Department of the Treasury-Internal Revenue Service	

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			1 Gross distribution \$11,724.31	OMB No. 1545-0119	2023 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
			2a Taxable amount \$11,724.31	Total distribution <input checked="" type="checkbox"/>		
PAYER'S TIN 84-1455663			RECIPIENT'S TIN ***-**-3609		Copy 2 File this copy with your state, city, or local income tax return, when required.	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code RAMANA GORLI 1724 BARNWOOD TRACE WESTON, TX 75009			3 Capital gain (included in box 2a)	4 Federal income tax withheld \$2,344.86		This information is being furnished to the IRS.
			5 Employee contributions/Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities		
10 Amount allocable to IRR within 5 years			11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>	17 Local tax withheld	
Account number (see instructions) 762338			13 Date of payment		18 Name of locality TX	
Form 1099-R			www.irs.gov/Form1099R		Department of the Treasury-Internal Revenue Service	