

RECIPIENT'S name and address

V0000T



7 - 2825  
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ANUPRIYA RAGHURAM  
804 STATION BLVD  
AURORA IL 60504-2033



|   |                                      |   |                    |
|---|--------------------------------------|---|--------------------|
| PAYER'S Federal ID number<br>25-1926855 | RECIPIENT'S ID number<br>XXX-XX-3928 | Account number (see instructions)<br>V0000T0A270000 | 13 Date of Payment |
|---|--------------------------------------|---|--------------------|

|  |  |  |   |  |
|--|--|--|---|--|
| 5 Employee contributions / Designated Roth contributions or insurance premiums<br>\$ |  | 6 Net unrealized appreciation in employer's securities<br>\$ |   | Plans, IRAs, Insurance Contracts, etc.<br>This information is being furnished to the Internal Revenue Service. |
| 7 Distribution code(s)<br>G  | IRA/SEP/SIMPLE<br><input type="checkbox"/> | 8 Other<br>\$  | % |  |
| 9a Your percentage of total distribution<br>%  |  | 9b Total employee contributions<br>\$                        |   | COPY C<br>For Recipient's Records  |
| 10 Amount allocable to IRR within 5 years<br>\$                                      |  | 11 1st year of desig. Roth contrib.<br>\$                    |   |  |
| 14 State tax withheld<br>\$  |  | 15 State/Payer's state no.<br>IL/2519268550007               |   | 16 State distribution<br>\$  |
| 17 Local tax withheld<br>\$  |  | 18 Name of locality  |   | 19 Local distribution<br>\$  |

FORM 1099-R (keep for your records)

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code

BNY MELLON DISBURSEMENT AGENT  
CONDUENT SAVINGS PLAN  
P O BOX 569  
PITTSBURGH, PA 15230

Customer service telephone number: 888-401-4636

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|  |  |  |   |  |
|--|--|--|---|--|
| 1 Gross distribution<br>\$ 135.99  |  | 2a Taxable amount<br>\$                                      |   | OMB No. 1545-0119<br><b>2023</b><br><b>Form 1099-R:</b><br>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. |
| 2b Taxable amount not determined <input type="checkbox"/>                            |  | Total distribution <input checked="" type="checkbox"/>       |   |  |
| 3 Capital gain (Included in box 2a)<br>\$  |  | 4 Federal income tax withheld<br>\$                          |   | COPY 2<br>File this copy with your state, city, or local income tax return, when required.   |
| 5 Employee contributions / Designated Roth contributions or insurance premiums<br>\$ |  | 6 Net unrealized appreciation in employer's securities<br>\$ |   |  |
| 7 Distribution code(s)<br>G  | IRA/SEP/SIMPLE<br><input type="checkbox"/> | 8 Other<br>\$  | % |  |
| 9a Your percentage of total distribution<br>%  |  | 9b Total employee contributions<br>\$                        |   |  |
| 10 Amount allocable to IRR within 5 years<br>\$                                      |  | 11 1st year of desig. Roth contrib.<br>\$                    |   | 12 FATCA filing requirement<br><input type="checkbox"/>  |
| 14 State tax withheld<br>\$  |  | 15 State/Payer's state no.<br>IL/2519268550007               |   | 16 State distribution<br>\$  |
| 17 Local tax withheld<br>\$  |  | 18 Name of locality  |   | 19 Local distribution<br>\$  |

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| 2b Taxable amount not determined <input type="checkbox"/>                            |  | Total distribution <input checked="" type="checkbox"/>       |   |  |
| 3 Capital gain (Included in box 2a)<br>\$  |  | 4 Federal income tax withheld<br>\$                          |   | COPY B<br>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.   |
| 5 Employee contributions / Designated Roth contributions or insurance premiums<br>\$ |  | 6 Net unrealized appreciation in employer's securities<br>\$ |   |  |
| 7 Distribution code(s)<br>G  | IRA/SEP/SIMPLE<br><input type="checkbox"/> | 8 Other<br>\$  | % |  |
| 9a Your percentage of total distribution<br>%  |  | 9b Total employee contributions<br>\$                        |   |  |
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