

DES MOINES, IA 50392-0001			\$ 0.00	Form 1099-R	Contracts, etc.
PAYER'S TIN 42-0127290		RECIPIENT'S TIN XXX-XX-3928	2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input checked="" type="checkbox"/>	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. This information is being furnished to the IRS.
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code ANUPRIYA RAGHURAM 804 STATION BLVD AURORA, IL 60504-2033		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$		
		5 Employee contributions/Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
		7 Distribution code(s) G	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %	
9a Your percentage of total distribution %	9b Total employee contributions \$				
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>	14 State tax withheld \$	15 State/Payer's state no. IL / 42-0127290-000	16 State distribution \$ 0.00
Account number (see instructions) 432044 TRACKING #: 36593355T1		13 Date of payment	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

CORRECTED (if checked)						
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. PRINCIPAL LIFE INSURANCE CO 711 HIGH STREET DES MOINES, IA 50392-0001		1 Gross distribution \$ 23,079.67	OMB No. 1545-0119 2023 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
		2a Taxable amount \$ 0.00				
		2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input checked="" type="checkbox"/>		Copy C For Recipient's Records This information is being furnished to the IRS.	
PAYER'S TIN 42-0127290		RECIPIENT'S TIN XXX-XX-3928	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$		
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		2a Taxable amount \$ 0.00				
		2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input checked="" type="checkbox"/>		Copy 2 File this copy with your state, city, or local income tax return, when required.	
PAYER'S TIN 42-0127290		RECIPIENT'S TIN XXX-XX-3928	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$		
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