

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

CAPITAL BANK AND TRUST COMPANY
 PO BOX 6040
 INDIANAPOLIS IN 46206-6040
 1 (800) 421-4120

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code.

AB 01 088181 50973 H 172 E



ARCHANA GOVINDA
 727 CAMERON CT
 COPPELL TX 75019-4750

FORM 1099-R CORRECTED (if checked)

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.				
1 Gross distribution		2a Taxable amount		
32,223.84		0.00		
2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input checked="" type="checkbox"/>		
3 Capital gain (included in box 2a)		4 Federal income tax withheld		
		0.00		
5 Employee contrib./Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		
0.00		0.00		
7 Distribution code(s)	8 Other	%	IRA/SEP/SIMPLE	9a Your percentage of total distribution
G			<input type="checkbox"/>	
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.	14 State tax withheld	
			0.00	
15 State/Payer's state no.		Plan ID		
TX/		BRK140199		
RECIPIENT'S TIN		PAYER'S TIN		
XXX-XX-6858		95-6817943		

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Copy 2				
File this copy with your state, city, or local income tax return, when required.				
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