			CORRECTED (if checked)	Date Printed 01/19/20	Date Printed 01/19/2024		
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	OMB No. 1545-0119	District of	ne Emm Denelone	
			\$12,919.3 2a Taxable amount	2023	Annuities.	ns From Pensions Retirement or	
			\$0.0	0 Form 1099-R	Profit-Sha	ring Plans, IRAs, Contracts, etc.	
			2b Taxable amount not determined	Total distribution		Сору В	
AYER'S TIN RECIPIENT'S TIN		3 Capital gain (included in box 2a)	4 Federal income (ax withheld		Preport this income on your federal tax return. If this form		
4-1455663			5 Employee contributions/Designated Roth contributions or insurance		on in employer's tax withheld in		
RECIPIENTS name, street address (including apt. no.), city or town, state or province country, and ZIP or foreign postal code SAYANTAN MUKHERJEE 1000 HILLGATE PL APT 1D PITTSBURGH, PA 15220-1926			premiums	securities	box 4, stach this		
			7 Distribution code(s) IRA/SEP/	8 Other	%	This information is being furnished to the	
			9a Your percentage of total distribution	n 9b Total employee contribution	ns		
			% 14 State tax withheld	15 State/Payer's state no		IRS. 16 State distribution	
10 Amount allocable to IRR within 11 1st year of desig. 12 FATCA filing			17 Local tax withheld	PA/90369734 18 Name of locality 19 Local distribution		19 Local distribution	
b years	Roth contrib.	requirement] I'r Eocal tax will liero	To Name of locality		15 Local distribution	
Account number (see instructions) 762338		13 Date of payment					
Form 1099-R			www.irs.gov/Form1099R	Department of the Treas	sury-Internal	Revenue Service	
			7 N				
DUNGO			CORRECTED (if checked)	Date Printed 01/19/202	4		
PAYER'S name, street address, city or town, state or province, country, 2IP 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 \$12,919.3	OMB No. 1545-0119		ns From Pensions	
			2a Taxable amount	2023	Annuities, Retirement or Profit-Sharing Plans, IRAs,		
			\$0.0	0 Form 1099-R		Contracts, etc.	
			2b Taxable amount not determined	Total distribution		Copy C For Recipient's	
			3 Capital gain (included in box 2a)	4 Federal income tax withheld		Records	
PAYER'S TIN RECIPIENT'S TIN ***-**-0223			5 Employee contributions/Designated Roth contributions or insurance	6 Net unrealized appreciation securities	6 Net unrealized appreciation in employer's		
RECIPIENT'S name, street address country, and ZIP or foreign postal of	ode	or town, state or provin	ce, premiums	and Branch and the same	securities		
SAYANTAN MUKĤÉRJEE 1000 HILLGATE PL APT 1D PITTSBURGH, PA 15220-1926			7 Distribution code(s) IRA / SEP / SIMPLE	8 Other	%	This information is being furnished to	
			9a Your percentage of total distribution %		ns	the IRS.	
			14 State tax withheld	15 State/Payer's state no. 16 State distribution		16 State distribution	
				PA/90369734			
0 Amount allocable to IRR within	11 1st year of desig	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	4				
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orm 1099-R	(keep for your red	cords)	www.irs.gov/Form1099R	Department of the Treas	sury-Interna	I Revenue Service	
		Γ	CORRECTED (if checked)	Date Printed 01/19/202	4		
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. EMPOWER TRUST COMPANY LLC			1 Gross distribution	OMB No. 1545-0119	1		
			\$12,919.3 2a Taxable amount	2023	Annuities,	ns From Pensions Retirement or	
PO BOX 173764 D999 DENVER, CO 80217-3764			\$0.0		Profit-Sha Insurance	ring Plans, IRAs, Contracts, etc.	
1-800-338-4015			2b Taxable amount not	Total distribution		Copy 2	
			3 Capital gain (included in box 2a)	4 Federal income tax withheld		File this copy with your state,	
					city, or local		
			5 Employee contributions/Designated	6 Net unrealized appreciation securities	6 Net unrealized appreciation in employer's		
4-1455663 ECIPIENTS name, street address	/**-**-022		Roth contributions or insurance premiums		and the same of the		
4-1455663 ECIPIENT'S name, street address ountry, and ZIP or foreign postal of AYANTAN MUKHERJEE	***-**-022 s (including apt. no.), city		ce premiums	8 Other	%		
44-1455663 ECIPIENT'S name, street address ountry, and ZIP or foreign postal of SAYANTAN MUKHERJEE 000 HILLGATE PL	s (including apt. no.), city ode		ce. premiums		% ons		
84-1455663 RECIPIENT'S name, street address ountry, and ZIP or foreign postal of SAYANTAN MUKHERJEE 000 HILLGATE PL NPT 1D	s (including apt. no.), city ode		7 Distribution code(s) IRA / SEP / SIMPLE 9a Your percentage of total distribution %	9b Total employee contribution		16 State distribution	
84-1455663 RECIPIENT'S name, street address ountry, and ZIP or foreign postal of SAYANTAN MUKHERJEE 1000 HILLGATE PL APT 1D	s (including apt. no.), city ode		7 Distribution code(s) IRA / SEP / SIMPLE 9a Your percentage of total distribution	on 9b Total employee contribution		16 State distribution	
84-1455663 RECIPIENT'S name, street address country, and ZIP or foreign postal or STANTAN MUKHERJEE 1000 HILLGATE PL	s (including apt. no.), city ode		7 Distribution code(s) IRA / SEP / SIMPLE 9a Your percentage of total distribution %	9b Total employee contribution		16 State distribution	
A4-1455663 RECIPIENT'S name, street address country, and ZIP or foreign postal or SAYANTAN MUKHERJEE 000 HILLGATE PLAPT 1D PITTSBURGH, PA 15220-	s (including apt. no.), city ode	or town, state or provin	7 Distribution code(s) IRA / SEP / SIMPLE 9a Your percentage of total distribution %	9b Total employee contribution 15 State/Payer's state no.		18 State distribution	
PAYER'S TIN 84-1455663 RECIPIENT'S name, street address country, and ZIP or foreign postal or SAYANTAN MUKHERJEE 1000 HILLGATE PL APT 1D PITTSBURGH, PA 15220- 0 Amount allocable to IRR within years cocount number (see instructions) 62338	s (including apt. no.), city ode	or town, state or provin	7 Distribution code(s) IRA / SEP / SIMPLE 9a Your percentage of total distributio % 14 State tax withheld	9b Total employee contribution 15 State/Payer's state no. PA/90369734			