Form 1099-R		CORRECTED (if checked)	1 Gross distribution	OMB No. 1545	0110	Distributions f	From
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. MATRIX TRUST COMPANY RIG 401(K) PLAN P.O. BOX 52129 PHOENIX, AZ 85072-2129			\$ 6,239.04 2a Taxable amount	2023	3	Pensions, Annuities Retirement or Profit-Sharing Plans, IRAs	
			\$ 6,239.04	Form 1099	-R		
			2b Taxable amount not determined	Total distribution		Insur Contracts	
PAYER'S TIN	RECIP	IENT'S TIN	3 Capital gain (included in box 2a)	4 Federal income tax	withheld	5 Employee contributions /Designated Roth contrib	utions or
75-3182674	2674 XXX-XX-3277		\$	\$1,247.81		insurance premiums	
PECIPIENTS name, street address (incl. apt. no.), city or town, state or province, country, and ZIP or foreign postal code SINDHUSHA BALANTRAPU 11101 EMORY OAK RDG ARGYLE, TX 76226			6 Net unrealized appreciation in employer's securities	7 Distribution code(s)	IRA/ SEP/ SIMPLE	8 Other	
			\$ 1 \$ % 9a Your percentage of total distribution 9b Total employee contributions				
Account pumper (one instructions). 41 Let year of design Reth post-like			14 State tax withheld	% \$ 15 State/Payer's state	e no.	16 State distribution	
Account number (see instructions) 07C6G6Z6-LSR-1812391974-3			\$	TX/			
Copy 2 13 Date of payment 12 Filing	FATCA 10 Arr	nount allocable to IRR within 5 years	17 Local tax withheld	18 Name of locality		19 Local distribution	
File this copy with your state, city, or local income tax	S		\$				
Form 1099-R CORRECTED (if checked) PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. MATRIX TRUST COMPANY RIG 401 (K) PIAN P.O. BOX 52129			1 Gross distribution	OMB No. 1545	OMB No. 1545-0119 2023 Distributions From Pensions, Annuition Retirement Profit-Shari		ities,
			\$ 6,239.04 2a Taxable amount	2023			nt or
PHOENIX, AZ 85072-2129			\$ 6,239.04	Form 1099	-R	Plans, I	RAs,
			2b Taxable amount not determined	Total distribution		Contracts	
PAYER'S TIN	RECIP	IENT'S TIN	3 Capital gain (included in box 2a)	4 Federal income tax	withheld	5 Employee contributions /Designated Roth contributions of insurance premiums	
75-3182674		-XX-3277	\$	\$1,247.81		\$	
RECIPIENTS name, street address (incl. apt. no.), city or town, state or province, country, and ZIP or foreign postal code SINDHUSHA BALANTRAPU			6 Net unrealized appreciation in employer's securities	7 Distribution code(s)	IRA/ SEP/ SIMPLE	8 Other	%
11101 EMORY OAK RDG ARGYLE, TX 76226			9a Your percentage of total distri	bution 9b To	otal employ	/ee contributions	70
		11 1st year of desig. Both contrib	14 State tax withheld	15 State/Payer's state	no.	16 State distribution	
Account number (see instructions)		11 1st year of desig. Roth contrib.	14 State tax withheld \$ \$	15 State/Payer's state	no.	16 State distribution \$ \$	
Account number (see instructions) 07C6G626 - LSR - 1812391974 - 3 Copy C 13 Date of payment filing.	FATCA 10 Arr	11 1st year of desig. Roth contrib.	14 State tax withheld \$ \$ 17 Local tax withheld \$		e no.	\$ 19 Local distribution	
Account number (see instructions) O7C6G626-LSR-1812391974-3 COPY C For Recipient's Records			\$ \$ 17 Local tax withheld \$	TX/ 18 Name of locality		\$ 19 Local distribution \$ \$	
Account number (see instructions) 07C6G626-LSR-1812391974-3 Copy C 13 Date of payment filing.		nount allocable to IRR within 5 years	\$ \$	TX/ 18 Name of locality		\$ \$	rvice