

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) PLAN P.O. BOX 52129 PHOENIX, AZ 85072-2129

1 Gross distribution \$ 6,239.04 2a Taxable amount \$ 6,239.04 2b Taxable amount not determined Total distribution

OMB No. 1545-0119 2023 Form 1099-R

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

PAYER'S TIN 75-3182674 RECIPIENT'S TIN XXX-XX-3277

3 Capital gain (included in box 2a) \$

4 Federal income tax withheld \$ 1,247.81

5 Employee contributions / Designated Roth contributions or insurance premiums \$

RECIPIENT'S 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) 1 IRA/ SEP/ SIMPLE

8 Other \$ %

9a Your percentage of total distribution % 9b Total employee contributions \$

Account number (see instructions) 11 1st year of desig. Roth contrib.

14 State tax withheld \$

15 State/Payer's state no. TX/

16 State distribution \$

Copy 2 13 Date of payment 12 FATCA filing requirement 10 Amount 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 return, when required. www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

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This information is being furnished to the IRS. www.irs.gov/Form1099R

(keep for your records) Department of the Treasury - Internal Revenue Service