

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 \$ 7,516.31		OMB No. 1545-0119 2023 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.			
			2a Taxable amount \$ 7,516.31						
			2b Taxable amount not determined <input type="checkbox"/> Total distribution <input 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.				
PAYER'S TIN 42-0127290		RECIPIENT'S TIN XXX-XX-8418		3 Capital gain (included in box 2a) \$			4 Federal income tax withheld \$		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code SAHITHI R VENREDDY 12106 MORIAH BND AUSTIN, TX 78732-4405			5 Employee contributions/Designated Roth contributions or insurance premiums \$				6 Net unrealized appreciation in employer's securities \$		
			7 Distribution code(s) 1M 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. TX /	16 State distribution \$ 0.00		
Account number (see instructions) 711091 TRACKING #: 37390976T2			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

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			2a Taxable amount \$ 7,516.31						
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PAYER'S TIN 42-0127290		RECIPIENT'S TIN XXX-XX-8418		3 Capital gain (included in box 2a) \$			4 Federal income tax withheld \$		
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			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. TX /	16 State distribution \$ 0.00		
Account number (see instructions) 711091 TRACKING #: 37390976T2			13 Date of payment	17 Local tax withheld \$		18 Name of locality	19 Local distribution \$		

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			2a Taxable amount \$ 7,516.31						
			2b Taxable amount not determined <input type="checkbox"/> Total distribution <input 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-8418		3 Capital gain (included in box 2a) \$			4 Federal income tax withheld \$		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code SAHITHI R VENREDDY 12106 MORIAH BND AUSTIN, TX 78732-4405			5 Employee contributions/Designated Roth contributions or insurance premiums \$				6 Net unrealized appreciation in employer's securities \$		
			7 Distribution code(s) 1M 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. TX /	16 State distribution \$ 0.00		
Account number (see instructions) 711091 TRACKING #: 37390976T2			13 Date of payment	17 Local tax withheld \$		18 Name of locality	19 Local distribution \$		

Form **1099-R** 3H8034 2.000 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,

Gross distribution

OMB No. 1545-0119

Distributions From

RELIANCE TRUST COMPANY
FOR T. ROWE PRICE
FORMFACTOR, INC. 401(K) PLAN
201 17TH ST NW
ATLANTA, GA 30363

000002937 TF0STAX0011624286770 01 000000 172974 002

BOBBILI SRI RAGHAV REDDY
12106 MORIAH BND
AUSTIN, TX 78732



000002937 05673 0001-0002 DF0STAX0011624286770 00 L 00172974

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. RELIANCE TRUST COMPANY PLAN # 105780 FOR T. ROWE PRICE FORMFACTOR, INC. 401(K) PLAN 201 17TH ST NW ATLANTA, GA 30363 PAYER PHONE # 1-800-922-9945		1 Gross distribution \$ 23,651.41 2a Taxable amount \$ 23,651.41 2b Taxable amount not determined <input type="checkbox"/>	OMB No. 1545-0119 2023 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S TIN 58-1428634	RECIPIENT'S TIN XXX-XX-5868	3 Capital gain (included in box 2a) \$ 0.00	4 Federal income tax withheld \$ 0.00	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 BOBBILI SRI RAGHAV REDDY 12106 MORIAH BND AUSTIN, TX 78732		5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 0.00	6 Net unrealized appreciation in employer's securities \$ 0.00		
		7 Distribution code(s) 1M	8 Other \$ 0.00		
		9a Your percentage of total distribution %	9b Total employee contributions \$ 0.00		
10 Amount allocable to IRR within 5 years \$ 0.00	11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>	14 State tax withheld \$ 0.00	15 State/Payer's state no. TX / 581428634	16 State distribution \$ 23,651.41
Account number (see instructions) 20240113044300100378		13 Date of payment	17 Local tax withheld \$ 0.00	18 Name of locality	19 Local distribution \$ 0.00

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service





RELI FOR FOR 201 ATL

PUBLIC EMPLOYEES CREDIT UNION
PO BOX 2205
AUSTIN TX 78768-2205

IMPORTANT TAX DOCUMENT

AUTOSCH 5-DIGIT 78732
88099 1 AV 0.504 Tr 198 Pt 5
209973-12.12 0 16934-1.1 1oz

001
BC
12
A

BOBBILI SRI RAGHAV R
12106 MORIAH BND
AUSTIN TX 78732 - 4405

CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. PUBLIC EMPLOYEES CREDIT UNION PO BOX 2205 AUSTIN TX 78768-2205 (512)474-1955		* Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	OMB No. 1545-1380 2023 Form 1098	Mortgage Interest Statement Copy B For Payer/Borrower The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item. 11 Mortgage acquisition date
1 Mortgage interest received from payer(s)/borrower(s)* \$ 8,722.60		2 Outstanding mortgage principal \$ 134,852.14	3 Mortgage origination date 12-16-2022	
RECIPIENT'S/LENDER'S TIN 74-1196893	PAYER'S/BORROWER'S TIN XXX-XX-5868	4 Refund of overpaid interest \$	5 Mortgage insurance premiums \$	
PAYER'S/BORROWER'S name, street address (including apt. no.), city or town, state or province, country and ZIP or foreign postal code BOBBILI SRI RAGHAV R 12106 MORIAH BND AUSTIN TX 78732-4405		6 Points paid on purchase of principal residence \$	7 <input checked="" type="checkbox"/> If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.	
9 Number of properties securing the mortgage 0001294456-01	10 Other 	8 Address or description of property securing mortgage 		
Account number (see instructions) 0001294456-01		Form 1098 (Keep for your records) www.irs.gov/Form1098 Department of the Treasury - Internal Revenue Service		

Instructions for Payer/Borrower

A person (including a financial institution, a governmental unit, and a cooperative housing corporation) who is engaged in a trade or business and, in the course of such trade or business, received from you at least \$600 of mortgage interest (including certain points) on any one mortgage in the calendar year must furnish this statement to you.

If you received this statement as the payer of record on a mortgage on which there are other borrowers, furnish each of the other borrowers with information about the proper distribution of amounts reported on this form. Each borrower is entitled to deduct only the amount paid and points paid by the seller that represent his or her share of the amount allowable as a deduction. Each borrower may have to include in income a share of any amount reported in box 4.

If your mortgage payments were subsidized by a government agency, you may not be able to deduct the amount of the subsidy. See the instructions for Schedule A, C, or E (Form 1040) for how to report the mortgage interest. Also, for more information, see Pub. 936 and Pub. 535.

Payer's/Borrower's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (SSN, ITIN, ATIN, or EIN). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the lender has assigned to distinguish your account.

Box 1. Shows the mortgage interest received by the recipient/lender during the year. This amount includes interest on any obligation secured by real property, including a mortgage, home equity loan, or line of credit. This amount does not include points, government subsidy payments, or seller payments on a "buydown" mortgage. Such amounts are deductible by you only in certain circumstances.

CAUTION If you prepaid interest in the calendar year that accrued in full by January 15, 2023, this prepaid interest may be included in box 1. However, you cannot deduct the prepaid amount in the calendar year even though it may be included in box 1.

If you hold a mortgage credit certificate and can claim the mortgage interest credit, see Form 8396. If the interest was paid on a mortgage, home equity loan, or line of credit secured by a qualified residence, you can only deduct the interest paid on acquisition indebtedness, and you may be subject to a deduction limitation.

Box 2. Shows the outstanding principal on the mortgage as of January 1 of the calendar year. If the mortgage originated in the calendar year, shows the mortgage principal as of the date of origination. If the recipient/lender acquired the loan in the calendar year, shows the mortgage principal as of the date of acquisition.

Box 3. Shows the date of the mortgage origination.

Box 4. Do not deduct this amount. It is a refund (or credit) for overpayment(s) of interest you made in a prior year or years. If you itemized deductions in the year(s) you paid the interest, you may have to include part or all of the box 4 amount on the "Other income" line of your calendar year Schedule 1 (Form 1040). No adjustment to your prior year(s) tax return(s) is necessary. For more information, see Pub. 936 and *Itemized Deduction Recoveries* in Pub. 525.

Box 5. If an amount is reported in this box, it may qualify to be treated as deductible mortgage interest. See the calendar year Schedule A (Form 1040) Instructions and Pub. 936.

Box 6. Not all points are reportable to you. Box 6 shows points you or the seller paid this year for the purchase of your principal residence that are required to be reported to you. Generally, these points are fully deductible in the year paid, but you must subtract seller-paid points from the basis of your residence. Other points not reported in box 6 may also be deductible. See Pub. 936 to figure the amount you can deduct.

Box 7. If the address of the property securing the mortgage is the same as the payer's/borrower's, either the box has been checked, or box 8 has been completed.

Box 8. Shows the address or description of the property securing the mortgage.

Box 9. If more than one property secures the loan, shows the number of properties securing the mortgage. If only one property secures the loan, this box may be blank.

Box 10. The interest recipient may use this box to give you other information, such as real estate taxes or insurance paid from escrow.

Box 11. If the recipient/lender acquired the mortgage in the calendar year, shows the date of acquisition.

Future developments. For the latest information about developments related to Form 1098 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1098.

FreeFile. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

Axos Bank
 4350 La Jolla Village Dr. #140
 SAN DIEGO CA 92122
 877-755-6381

PAYER'S
 TIN
 33-0904883

OMB No. 1545-0112
 Interest Income
 Form 1099-INT
 Copy B
 For Recipient
 For tax year 2023

SRI R BOBBILI
 12106 MORIAH BND
 AUSTIN TX 78732

RECIPIENT'S
 TIN
 XXX-XX-5868

Account number	Interest Income	Interest on U.S. Bonds & Treas	Federal Tax Withheld
100005214745 S	456.21		456.21
BOX 1 Interest income			
BOX 2 Early withdrawal penalty			
BOX 3 Interest on U.S. Savings Bonds and Treasury obligations			
BOX 4 Federal income tax withheld			
BOX 5 Investment expenses			
BOX 6 Foreign tax paid			
BOX 7 Foreign country or U.S. possession			
BOX 8 Tax-exempt interest			
BOX 9 Specified private activity bond interest			
BOX 10 Market discount			
BOX 11 Bond premium			
BOX 12 Bond premium on Treasury obligations			
BOX 13 Bond premium on tax-exempt bond			
BOX 14 Tax-exempt and tax credit bond CUSIP no.			
BOX 15 State			
BOX 16 State identification no.			
BOX 17 State tax withheld			
FATCA filing requirement			

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

(Rev. 1-2022) (Keep for your records)