	ED (if checked)		II-			i	Distributions From
PAYER'S TIN	RECIPIENT'S TIN		1 Gross distribution	. 70	OMB No. 1545-0119		Pensions, Annuities,
04-6568107	xxx-xx-5117		\$38, 629	,. 70 l	2023		Retirement or
DAVEDIO	1710		0 T 11		2023		Profit-Sharing Plans,
PAYER'S name, street address, city, state, a			2a Taxable amount \$38, 629	, 70	F 4000 B		IRAs, Insurance
INSTITUTIONAL OPERAT			\$30,029	,. 7 0	Form 1099-R	_	Contracts, etc.
	/1C		2b Taxable amount	1	Total X		Сору В
	5-1987		not determined	J	distribution		Report this income
79361	1-800-425-	2363	3 Capital gain (included in b	hox 2a)	4 Federal income tax w	vithheld	on your federal tax
PROTECH SOLUTIONS IN				0. 00		725. 94	return. If this form
			, -		. ,		shows federal income
RECIPIENT'S name, street address (including	g apt. no.), city, state, and ZIP	code	5 Employee contrib/desig R	₹oth	6 Net unrealized apprec	ciation	tax withheld in box 4,
eDelivery			contrib or insurance prem	niums	in employer's securitie	es	attach this copy
			\$0	0.00		\$0.00	to your return.
VIMALKUMAR KALIDA	AS		7 Distribution code(s) IR	RA/SEP/	8 Other	%	This information is being
420 W CADBURY DR				IMPLE		40.00	furnished to the Internal
APT J108 SOUTH JORDAN, UT 84095			1	Ш		\$0.00	Revenue Service.
SOUTH JURDAN, UT	84095		9a Your percentage of		9b Total employee cont	ributions	10 Amount allocable to IRR
			total distribution	%	\$		within 5 years \$0.00
			14 State tax withheld		Ф 15 State/Payer's state n		16 State distribution
			14 State tax withheld		13 State/Fayer's state in	ю.	10 State distribution
Account number (see instructions)	11 1st year of desig.Roth	12 FATCA filing	\$0	0. 00	UT 12981023	3002WTH	\$
20240106014403821122	contrib.	requirement	13 Date of payment				
Form 1099-R					Departm	ent of the Trea	asury - Internal Revenue Service
CORRECT!	ED (if checked)						Distributions From
PAYER'S TIN	RECIPIENT'S TIN		1 Gross distribution		OMB No. 1545-0119		Pensions, Annuities,
04-6568107	xxx-xx-5117		\$38, 629	7. 70			Retirement or
					2023		Profit-Sharing Plans,
PAYER'S name, street address, city, state, a			2a Taxable amount				IRAs, Insurance
FIDELITY INVESTMENTS			\$38, 629	۰. /٥	Form 1099-R		Contracts, etc.
INSTITUTIONAL OPERAT	10NS CO. /1C		Oh Tarrahla arrayust	 1	Total X		Comuc
	5-1987		2b Taxable amount not determined	J	Total X distribution		Copy C For Recipient's
79361	1-800-425-	2363	3 Capital gain (included in b	hox 2a)	4 Federal income tax w	vithheld	Records
PROTECH SOLUTIONS IN			\$0.00 \$7,725.9				
RECIPIENT'S name, street address (including	ig apt. no.), city, state, and ZIP	code	5 Employee contrib/desig R		6 Net unrealized apprec		
			contrib or insurance prem	niums	in employer's securitie	es.	
VI MALVIMAD VALIDA	16		\$0	0. 00	, ,	\$0.00	This information is below
VI MALKUMAR KALI DA	NS		7 Distribution code(s) IR	O. OO RA/SEP/	8 Other		This information is being
420 W CADBURY DR	AS		7 Distribution code(s) IR	0. 00	, ,	\$0. OO %	This information is being furnished to the Internal Revenue Service.
420 W CADBURY DR APT J108			7 Distribution code(s) IR	O. OO RA/SEP/	, ,	\$0. 00 % \$0. 00	furnished to the Internal
420 W CADBURY DR			7 Distribution code(s) IR SI	D. 00 RA/SEP/ SIMPLE	8 Other 9b Total employee cont	\$0. 00 % \$0. 00	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years
420 W CADBURY DR APT J108			7 Distribution code(s) IR SI 1 9a Your percentage of total distribution	D. 00 RA/SEP/ SIMPLE	8 Other 9b Total employee cont	\$0. 00 % \$0. 00 ributions	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00
420 W CADBURY DR APT J108			7 Distribution code(s) IR SI 1 9a Your percentage of	D. 00 RA/SEP/ SIMPLE	8 Other 9b Total employee cont	\$0. 00 % \$0. 00 ributions	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years
420 W CADBURY DR APT J108 SOUTH JORDAN, UT	84095	12 EATCA filing	7 Distribution code(s) IR SI 9a Your percentage of total distribution 14 State tax withheld	O. OO RA/SEP/ SIMPLE %	8 Other 9b Total employee cont \$ 15 State/Payer's state n	\$0. 00 % \$0. 00 ributions	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution
420 W CADBURY DR APT J108 SOUTH JORDAN, UT	84095 11 1st year of desig.Roth	12 FATCA filing	7 Distribution code(s) IR SI 9a Your percentage of total distribution 14 State tax withheld	O. OO RA/SEP/ SIMPLE %	8 Other 9b Total employee cont	\$0. 00 % \$0. 00 ributions	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution
420 W CADBURY DR APT J108 SOUTH JORDAN, UT	84095	12 FATCA filing requirement (keep for your r	7 Distribution code(s) IR SI 9a Your percentage of total distribution 14 State tax withheld \$0 13 Date of payment	O. OO RA/SEP/ SIMPLE %	8 Other 9b Total employee cont \$ 15 State/Payer's state in UT 12981023	\$0. 00 % \$0. 00 ributions o.	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution
420 W CADBURY DR APT J108 SOUTH JORDAN, UT Account number (see instructions) 20240106014403821122	84095 11 1st year of desig.Roth	requirement	7 Distribution code(s) IR SI 9a Your percentage of total distribution 14 State tax withheld \$0 13 Date of payment	O. OO RA/SEP/ SIMPLE %	8 Other 9b Total employee cont \$ 15 State/Payer's state in UT 12981023	\$0. 00 % \$0. 00 ributions o.	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$
420 W CADBURY DR APT J108 SOUTH JORDAN, UT Account number (see instructions) 20240106014403821122	84095 11 1st year of desig.Roth	requirement	7 Distribution code(s) IR SI 9a Your percentage of total distribution 14 State tax withheld \$0 13 Date of payment	O. OO RA/SEP/ SIMPLE %	8 Other 9b Total employee cont \$ 15 State/Payer's state in UT 12981023	\$0. 00 % \$0. 00 ributions o.	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$
420 W CADBURY DR APT J108 SOUTH JORDAN, UT Account number (see instructions) 20240106014403821122 Form 1099-R	84095 11 1st year of desig.Roth contrib.	requirement	7 Distribution code(s) IR SI 9a Your percentage of total distribution 14 State tax withheld \$0 13 Date of payment	O. OO RA/SEP/ SIMPLE %	8 Other 9b Total employee cont \$ 15 State/Payer's state in UT 12981023	\$0. 00 % \$0. 00 ributions o.	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$ asury - Internal Revenue Service
420 W CADBURY DR APT J108 SOUTH JORDAN, UT Account number (see instructions) 20240106014403821122 Form 1099-R	84095 11 1st year of desig.Roth contrib.	requirement	7 Distribution code(s) IR SI 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment ecords)	O. OO RA/SEP/ SIMPLE %	8 Other 9b Total employee cont \$ 15 State/Payer's state n UT 12981023	\$0. 00 % \$0. 00 ributions o.	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$ asury - Internal Revenue Service Distributions From
420 W CADBURY DR APT J108 SOUTH JORDAN, UT Account number (see instructions) 20240106014403821122 Form 1099-R CORRECTION	84095 11 1st year of desig.Roth contrib. ED (if checked) RECIPIENT'S TIN	requirement	7 Distribution code(s) IR SI 9a Your percentage of total distribution 14 State tax withheld \$0 13 Date of payment ecords)	% % % 0. 00	8 Other 9b Total employee cont \$ 15 State/Payer's state in UT 12981023	\$0. 00 % \$0. 00 ributions o.	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$ assury - Internal Revenue Service Distributions From Pensions, Annuities,
420 W CADBURY DR APT J108 SOUTH JORDAN, UT Account number (see instructions) 20240106014403821122 Form 1099-R	84095 11 1st year of desig.Roth contrib.	requirement	7 Distribution code(s) IR SI 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment ecords)	% % % 0. 00	8 Other 9b Total employee cont \$ 15 State/Payer's state n UT 12981023	\$0. 00 % \$0. 00 ributions o.	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$ assury - Internal Revenue Service Distributions From Pensions, Annuities, Retirement or
420 W CADBURY DR APT J108 SOUTH JORDAN, UT Account number (see instructions) 20240106014403821122 Form 1099-R CORRECTION	84095 11 1st year of desig.Roth contrib. ED (if checked) RECIPIENT'S TIN XXX - XX - 5117	requirement	7 Distribution code(s) 1 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment ecords) 1 Gross distribution \$38,629	0. 00 RAYSEP/ IMPLE % 0. 00	8 Other 9b Total employee cont \$ 15 State/Payer's state n UT 12981023 Departm OMB No. 1545-0119	\$0. 00 % \$0. 00 ributions o.	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$ assury - Internal Revenue Service Distributions From Pensions, Annuities,
420 W CADBURY DR APT J108 SOUTH JORDAN, UT Account number (see instructions) 20240106014403821122 Form 1099-R CORRECT PAYER'S TIN 04-6568107 PAYER'S name, street address, city, state, a FI DELI TY I NVESTMENTS	11 1st year of desig.Roth contrib. ED (if checked) RECIPIENT'S TIN XXX - XX - 5117	requirement	7 Distribution code(s) 1 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment ecords) 1 Gross distribution \$38,629	0. 00 RAYSEP/ IMPLE % 0. 00	8 Other 9b Total employee cont \$ 15 State/Payer's state n UT 12981023 Departm OMB No. 1545-0119	\$0. 00 % \$0. 00 ributions o.	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$ assury - Internal Revenue Service Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans,
A20 W CADBURY DR APT J108 SOUTH JORDAN, UT Account number (see instructions) 20240106014403821122 Form 1099-R CORRECTI PAYER'S TIN 04-6568107 PAYER'S name, street address, city, state, a FI DELI TY I NVESTMENTS I NSTI TUTI ONAL OPERAT	11 1st year of desig.Roth contrib. ED (if checked) RECIPIENT'S TIN XXX - XX - 5117 and ZIP code TONS CO.	requirement	7 Distribution code(s) 1 9a Your percentage of total distribution 14 State tax withheld \$0 13 Date of payment ecords) 1 Gross distribution \$38, 629 2a Taxable amount \$38, 629	0. 00 RAYSEP/ IMPLE % 0. 00	8 Other 9b Total employee cont \$ 15 State/Payer's state n UT 12981023 Departm OMB No. 1545-0119 2023 Form 1099-R	\$0.00 % \$0.00 ributions	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$ asury - Internal Revenue Service Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
A20 W CADBURY DR APT J108 SOUTH JORDAN, UT Account number (see instructions) 20240106014403821122 Form 1099-R CORRECTI PAYER'S TIN 04-6568107 PAYER'S name, street address, city, state, a FI DELI TY I NVESTMENTS I NSTI TUTI ONAL OPERAT 100 MAGELLAN WAY KV	11 1st year of desig.Roth contrib. ED (if checked) RECIPIENT'S TIN XXX - XX - 5117 and ZIP code 1 ONS CO.	requirement	7 Distribution code(s) 1 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment ecords) 1 Gross distribution \$38, 629 2a Taxable amount \$38, 629	0. 00 RAYSEP/ IMPLE % 0. 00	8 Other 9b Total employee cont \$ 15 State/Payer's state n UT 12981023 Departm OMB No. 1545-0119 2023 Form 1099-R Total	\$0.00 % \$0.00 ributions	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$ asury - Internal Revenue Service Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2
ACCOUNT NUMBER STILL TO MAGELLAN WAY KY COVINGTON, UT ACCOUNT NUMBER (See instructions) CORRECTION CORRECTION ACCOUNT NUMBER (See instructions) CORRECTION CORRECTION CORRECTION ACCOUNT NUMBER (See instructions) CORRECTION CORRECTION ACCOUNT NUMBER (See instructions) CORRECTION CORRECTI	11 1st year of desig.Roth contrib. ED (if checked) RECIPIENT'S TIN XXX-XX-5117 and ZIP code I ONS CO. IC 5-1987	requirement (keep for your r	7 Distribution code(s) 1 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment ecords) 1 Gross distribution \$38, 629 2a Taxable amount \$38, 629	% 0. 00 RA/SEP/ IMPLE % 0. 00 9. 70	8 Other 9b Total employee cont \$ 15 State/Payer's state n UT 12981023 Departm OMB No. 1545-0119 2023 Form 1099-R Total X distribution	\$0.00 % \$0.00 ributions	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$ asury - Internal Revenue Service Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2 File this copy
Account number (see instructions) 20240106014403821122 Form 1099-R CORRECTION PAYER'S name, street address, city, state, a FI DELI TY I NVESTMENTS I NSTI TUTI ONAL OPERATION MAGELLAN WAY KV COVINGTON, KY 41015, 79361	11 1st year of desig.Roth contrib. ED (if checked) RECIPIENT'S TIN XXX-XX-5117 and ZIP code TI ONS CO. ITC 1-1987 1-800-425-	requirement (keep for your r	7 Distribution code(s) 1 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment ecords) 1 Gross distribution \$38, 629 2a Taxable amount \$38, 629 2b Taxable amount not determined 3 Capital gain (included in 1)	% 0. 00 RA/SEP/ IMPLE % 0. 00 9. 70] box 2a)	8 Other 9b Total employee cont \$ 15 State/Payer's state in UT 12981023 Departm OMB No. 1545-0119 2023 Form 1099-R Total X distribution 4 Federal income tax w	\$0.00 % \$0.00 ributions oo.	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$ assury - Internal Revenue Service Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2 File this copy with your state,
ACCOUNT NUMBER STILL TO MAGELLAN WAY KY COVINGTON, UT ACCOUNT NUMBER (See instructions) CORRECTION CORRECTION ACCOUNT NUMBER (See instructions) CORRECTION CORRECTION CORRECTION ACCOUNT NUMBER (See instructions) CORRECTION CORRECTION ACCOUNT NUMBER (See instructions) CORRECTION CORRECTI	11 1st year of desig.Roth contrib. ED (if checked) RECIPIENT'S TIN XXX-XX-5117 and ZIP code TI ONS CO. ITC 1-1987 1-800-425-	requirement (keep for your r	7 Distribution code(s) 1 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment ecords) 1 Gross distribution \$38, 629 2a Taxable amount \$38, 629 2b Taxable amount not determined 3 Capital gain (included in 1)	% 0. 00 RA/SEP/ IMPLE % 0. 00 9. 70	8 Other 9b Total employee cont \$ 15 State/Payer's state in UT 12981023 Departm OMB No. 1545-0119 2023 Form 1099-R Total X distribution 4 Federal income tax w	\$0.00 % \$0.00 ributions	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$ assury - Internal Revenue Service Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2 File this copy with your state, city, or local
Account number (see instructions) 20240106014403821122 Form 1099-R CORRECTION PAYER'S name, street address, city, state, a FI DELI TY I NVESTMENTS I NSTI TUTI ONAL OPERATION MAGELLAN WAY KV COVINGTON, KY 41015, 79361	11 1st year of desig.Roth contrib. ED (if checked) RECIPIENT'S TIN XXX-XX-5117 and ZIP code 11 ONS CO. 71C 1-1987 1-800-425-11C. 401K	requirement (keep for your re	7 Distribution code(s) 1 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment ecords) 1 Gross distribution \$38, 629 2a Taxable amount \$38, 629 2b Taxable amount not determined 3 Capital gain (included in 1)	% 0. 00 RA/SEP/ IMPLE % 0. 00 9. 70] box 2a) 0. 00	8 Other 9b Total employee cont \$ 15 State/Payer's state in UT 12981023 Departm OMB No. 1545-0119 2023 Form 1099-R Total X distribution 4 Federal income tax w	\$0.00 % \$0.00 ributions o. 3002WTH hent of the Trea	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$ assury - Internal Revenue Service Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2 File this copy with your state,
Account number (see instructions) 20240106014403821122 Form 1099-R CORRECTION PAYER'S TIN 04-6568107 PAYER'S name, street address, city, state, at FI DELI TY I NVESTMENTS I NSTI TUTI ONAL OPERATION MAGELLAN WAY KV COVI NGTON, KY 41015, 79361 PROTECH SOLUTIONS I N	11 1st year of desig.Roth contrib. ED (if checked) RECIPIENT'S TIN XXX-XX-5117 and ZIP code 11 ONS CO. 71C 1-1987 1-800-425-1	requirement (keep for your re	7 Distribution code(s) 1 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment ecords) 1 Gross distribution \$38, 629 2a Taxable amount not determined 3 Capital gain (included in the source) 5 Employee contrib/desig Recontrib or insurance premered	% 0. 00 RA/SEP/ IMPLE % 0. 00 9. 70 9. 70 box 2a) 0. 00 Roth niums	8 Other 9b Total employee cont \$ 15 State/Payer's state in UT 12981023 Departm OMB No. 1545-0119 2023 Form 1099-R Total X distribution 4 Federal income tax w \$7, 7	\$0.00 % \$0.00 ributions oo. 3002WTH rent of the Treativithheld 725.94 relation es	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$ assury - Internal Revenue Service Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2 File this copy with your state, city, or local income tax
Account number (see instructions) 20240106014403821122 Form 1099-R CORRECTION PAYER'S TIN 04-6568107 PAYER'S name, street address, city, state, a FI DELI TY I NVESTMENTS I NSTI TUTI ONAL OPERAT 100 MAGELLAN WAY KV COVI NGTON, KY 41015, 79361 PROTECH SOLUTIONS IN RECIPIENT'S name, street address (including the control of the contro	11 1st year of desig.Roth contrib. ED (if checked) RECIPIENT'S TIN XXX-XX-5117 and ZIP code 11 ONS CO. 11 C 1 - 1987 1 - 800 - 425 - 100 C 10	requirement (keep for your re	7 Distribution code(s) 1 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment ecords) 1 Gross distribution \$38, 629 2a Taxable amount \$38, 629 2b Taxable amount not determined 3 Capital gain (included in taxable secontrib) 5 Employee contrib/desig Recontrib or insurance prem	% 0. 00 RA/SEP/ IMPLE % 0. 00 7. 70 D. 70 Roth niums 0. 00	8 Other 9b Total employee cont \$ 15 State/Payer's state n UT 12981023 Departm OMB No. 1545-0119 2023 Form 1099-R Total X distribution 4 Federal income tax w \$7, 7	\$0.00 % \$0.00 ributions oo. 3002WTH read of the Tread rithheld residue read read read read read read read rea	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$ asury - Internal Revenue Service Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2 File this copy with your state, city, or local income tax return, when
ACCOUNT NUMBER (See instructions) 20240106014403821122 FORM 1099-R CORRECTION PAYER'S TIN 04-6568107 PAYER'S name, street address, city, state, a FI DELI TY I NVESTMENTS I NSTI TUTI ONAL OPERAT 100 MAGELLAN WAY KV COVI NGTON, KY 41015, 79361 PROTECH SOLUTI ONS I N RECIPIENT'S name, street address (including the content of the conte	11 1st year of desig.Roth contrib. ED (if checked) RECIPIENT'S TIN XXX-XX-5117 and ZIP code 11 ONS CO. 11 C 1 - 1987 1 - 800 - 425 - 100 C 10	requirement (keep for your re	7 Distribution code(s) 1 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment ecords) 1 Gross distribution \$38, 629 2a Taxable amount \$38, 629 2b Taxable amount not determined 3 Capital gain (included in total determined) 5 Employee contrib/desig Recontrib or insurance prem	% 0. 00 RA/SEP/ IMPLE % 0. 00 9. 70 1. 00 Roth Continues RA/SEP/ RA/SEP/	8 Other 9b Total employee cont \$ 15 State/Payer's state in UT 12981023 Departm OMB No. 1545-0119 2023 Form 1099-R Total X distribution 4 Federal income tax w \$7, 7	\$0.00 % \$0.00 ributions oo. 3002WTH rent of the Treativithheld 725.94 relation es	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$ asury - Internal Revenue Service Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2 File this copy with your state, city, or local income tax return, when
ACCOUNT NUMBER (See instructions) 20240106014403821122 FORM 1099-R CORRECTION PAYER'S Name, street address, city, state, a FI DELI TY INVESTMENTS INSTITUTI ONAL OPERATION MAGELLAN WAY KY COVINGTON, KY 41015, 79361 PROTECH SOLUTIONS IN RECIPIENT'S name, street address (including the control of the contr	11 1st year of desig.Roth contrib. ED (if checked) RECIPIENT'S TIN XXX-XX-5117 and ZIP code 11 ONS CO. 11 C 1-1987 1-800-425- 10 C 10	requirement (keep for your re	7 Distribution code(s) 1 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment ecords) 1 Gross distribution \$38, 629 2a Taxable amount \$38, 629 2b Taxable amount not determined 3 Capital gain (included in to the second in the secon	% 0. 00 RA/SEP/ IMPLE % 0. 00 7. 70 D. 70 Roth niums 0. 00	8 Other 9b Total employee cont \$ 15 State/Payer's state n UT 12981023 Departm OMB No. 1545-0119 2023 Form 1099-R Total X distribution 4 Federal income tax w \$7, 7	\$0.00 % \$0.00 ributions oo. BOO2WTH rent of the Treation of t	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$ asury - Internal Revenue Service Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2 File this copy with your state, city, or local income tax return, when
ACCOUNT NUMBER (See instructions) 20240106014403821122 FORM 1099-R CORRECTION PAYER'S Name, street address, city, state, a FI DELI TY I NVESTMENTS I NSTI TUTI ONAL OPERATION MAGELLAN WAY KV COVINGTON, KY 41015, 79361 PROTECH SOLUTIONS IN RECIPIENT'S name, street address (including the control of the co	11 1st year of desig.Roth contrib. ED (if checked) RECIPIENT'S TIN XXX-XX-5117 and ZIP code 11 ONS CO. 71C 1-800-425-1 1-800-425-1 1C. 401K ag apt. no.), city, state, and ZIP	requirement (keep for your re	7 Distribution code(s) 1 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment ecords) 1 Gross distribution \$38, 629 2a Taxable amount \$38, 629 2b Taxable amount not determined 3 Capital gain (included in to the sound or insurance premeating sound) 5 Employee contrib/desig Recontrib or insurance premeating sound 7 Distribution code(s) 1 IR	% 0. 00 RA/SEP/ IMPLE % 0. 00 9. 70 1. 00 Roth Continues RA/SEP/ RA/SEP/	8 Other 9b Total employee cont \$ 15 State/Payer's state in UT 12981023 Departm OMB No. 1545-0119 2023 Form 1099-R Total X distribution 4 Federal income tax w \$7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7	\$0. 00 % \$0. 00 ributions 0. 8002WTH hent of the Treat inthheld 725. 94 siation ss \$0. 00 % \$0. 00	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$ assury - Internal Revenue Service Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2 File this copy with your state, city, or local income tax return, when required
ACCOUNT NUMBER (See instructions) 20240106014403821122 FORM 1099-R CORRECTION PAYER'S Name, street address, city, state, a FI DELI TY INVESTMENTS INSTITUTI ONAL OPERATION MAGELLAN WAY KY COVINGTON, KY 41015, 79361 PROTECH SOLUTIONS IN RECIPIENT'S name, street address (including the control of the contr	11 1st year of desig.Roth contrib. ED (if checked) RECIPIENT'S TIN XXX-XX-5117 and ZIP code 11 ONS CO. 71C 1-800-425-1 1-800-425-1 1C. 401K ag apt. no.), city, state, and ZIP	requirement (keep for your re	7 Distribution code(s) 1 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment ecords) 1 Gross distribution \$38, 629 2a Taxable amount \$38, 629 2b Taxable amount not determined 3 Capital gain (included in to some some some some some some some som	% 0. 00 RA/SEP/ IMPLE % 0. 00 9. 70 1. 00 Roth Continues RA/SEP/ RA/SEP/	8 Other 9b Total employee cont \$ 15 State/Payer's state n UT 12981023 Departm OMB No. 1545-0119 2023 Form 1099-R Total X distribution 4 Federal income tax w \$7, 7	\$0. 00 % \$0. 00 ributions 0. 8002WTH hent of the Treat inthheld 725. 94 siation ss \$0. 00 % \$0. 00	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$asury - Internal Revenue Service Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2 File this copy with your state, city, or local income tax return, when required
ACCOUNT NUMBER (See instructions) 20240106014403821122 FORM 1099-R CORRECTION PAYER'S Name, street address, city, state, a FI DELI TY I NVESTMENTS I NSTI TUTI ONAL OPERATION MAGELLAN WAY KV COVINGTON, KY 41015, 79361 PROTECH SOLUTIONS IN RECIPIENT'S name, street address (including the control of the co	11 1st year of desig.Roth contrib. ED (if checked) RECIPIENT'S TIN XXX-XX-5117 and ZIP code 11 ONS CO. 71C 1-800-425-1 1-800-425-1 1C. 401K ag apt. no.), city, state, and ZIP	requirement (keep for your re	7 Distribution code(s) 1 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment ecords) 1 Gross distribution \$38, 629 2a Taxable amount \$38, 629 2b Taxable amount not determined 3 Capital gain (included in to the sound or insurance premeating sound) 5 Employee contrib/desig Recontrib or insurance premeating sound 7 Distribution code(s) 1 IR	2. 00 RA/SEP/ IMPLE % 0. 00 0. 70 0. 70 Control Roth Roth Control RA/SEP/ IMPLE	8 Other 9b Total employee cont \$ 15 State/Payer's state in UT 12981023 Departm OMB No. 1545-0119 2023 Form 1099-R Total X distribution 4 Federal income tax w \$7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7	\$0. 00 % \$0. 00 ributions 0. 8002WTH hent of the Treat inthheld 725. 94 siation ss \$0. 00 % \$0. 00	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$ assury - Internal Revenue Service Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2 File this copy with your state, city, or local income tax return, when required
ACCOUNT NUMBER (See instructions) 20240106014403821122 FORM 1099-R CORRECTION PAYER'S Name, street address, city, state, a FI DELI TY I NVESTMENTS I NSTI TUTI ONAL OPERATION MAGELLAN WAY KV COVINGTON, KY 41015, 79361 PROTECH SOLUTIONS IN RECIPIENT'S name, street address (including the control of the co	11 1st year of desig.Roth contrib. ED (if checked) RECIPIENT'S TIN XXX-XX-5117 and ZIP code 11 ONS CO. 71C 1-800-425-1 1-800-425-1 1C. 401K ag apt. no.), city, state, and ZIP	requirement (keep for your re	7 Distribution code(s) 1 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment ecords) 1 Gross distribution \$38, 629 2a Taxable amount \$38, 629 2b Taxable amount not determined 3 Capital gain (included in to some some some some some some some som	% 0. 00 RA/SEP/ IMPLE	8 Other 9b Total employee cont \$ 15 State/Payer's state in UT 12981023 Departm OMB No. 1545-0119 2023 Form 1099-R Total X distribution 4 Federal income tax w \$7, 7 6 Net unrealized apprecinemployer's securities 8 Other	\$0. 00 % \$0. 00 ributions o. 3002WTH inthheld 725. 94 ciation is \$0. 00 ributions	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$asury - Internal Revenue Service Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2 File this copy with your state, city, or local income tax return, when required
Account number (see instructions) 20240106014403821122 Form 1099-R CORRECTION CORRECTION PAYER'S TIN 04-6568107 PAYER'S name, street address, city, state, at FI DELI TY I NVESTMENTS I NSTI TUTI ONAL OPERATION MAGELLAN WAY KV COVI NGTON, KY 41015, 79361 PROTECH SOLUTI ONS IN RECIPIENT'S name, street address (including the control of the control	11 1st year of desig.Roth contrib. ED (if checked) RECIPIENT'S TIN XXX-XX-5117 Ind ZIP code 1 ONS CO. 71C 6-1987 1-800-425- IC. 401K Ig apt. no.), city, state, and ZIP AS 84095	requirement (keep for your re	7 Distribution code(s) 1 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment ecords) 1 Gross distribution \$38, 629 2a Taxable amount \$38, 629 2b Taxable amount \$3 Capital gain (included in text) \$0 5 Employee contrib/desig Recontrib or insurance premeduced in text) 7 Distribution code(s) 1 9a Your percentage of total distribution 14 State tax withheld	9. 70 P. 70 Box 2a) D. 00 Roth Carlotter Market Market	8 Other 9b Total employee cont \$ 15 State/Payer's state n UT 12981023 Departm OMB No. 1545-0119 2023 Form 1099-R Total X distribution 4 Federal income tax w \$7, 7 6 Net unrealized apprecinemployer's securities 8 Other 9b Total employee cont \$ 15 State/Payer's state n	\$0. 00 % \$0. 00 ributions o. BOO2WTH ment of the Treat ithheld 725. 94 citation is \$0. 00 ributions o.	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$ asury - Internal Revenue Service Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2 File this copy with your state, city, or local income tax return, when required 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution
ACCOUNT NUMBER SOUTH JORDAN, UT ACCOUNT NUMBER (See instructions) 20240106014403821122 FORM 1099-R CORRECTION PAYER'S TIN 04-6568107 PAYER'S name, street address, city, state, at FI DELI TY I NVESTMENTS I NSTI TUTI ONAL OPERATI 100 MAGELLAN WAY KY COVI NGTON, KY 41015, 79361 PROTECH SOLUTIONS IN RECIPIENT'S name, street address (including VI MALKUMAR KALI DAN) 420 W CADBURY DR APT J108 SOUTH JORDAN, UT	11 1st year of desig.Roth contrib. ED (if checked) RECIPIENT'S TIN XXX-XX-5117 and ZIP code TIONS CO. IC 1-1987 1-800-425- IC. 401K ag apt. no.), city, state, and ZIP AS 84095	requirement (keep for your relative for your your relative for your your your your your your your yo	7 Distribution code(s) 1 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment ecords) 1 Gross distribution \$38, 629 2a Taxable amount \$38, 629 2b Taxable amount not determined 3 Capital gain (included in temporary should be contribly or insurance prements of total distribution 14 State tax withheld 9a Your percentage of total distribution 14 State tax withheld	% 0. 00 RA/SEP/ IMPLE	8 Other 9b Total employee cont \$ 15 State/Payer's state in UT 12981023 Departm OMB No. 1545-0119 2023 Form 1099-R Total X distribution 4 Federal income tax w \$7, 7 6 Net unrealized apprecinemployer's securities 8 Other 9b Total employee cont \$	\$0. 00 % \$0. 00 ributions o. BOO2WTH ment of the Treat ithheld 725. 94 citation is \$0. 00 ributions o.	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$ asury - Internal Revenue Service Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2 File this copy with your state, city, or local income tax return, when required 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution
Account number (see instructions) 20240106014403821122 Form 1099-R CORRECTION CORRECTION PAYER'S TIN 04-6568107 PAYER'S name, street address, city, state, at FI DELI TY I NVESTMENTS I NSTI TUTI ONAL OPERATION MAGELLAN WAY KV COVI NGTON, KY 41015, 79361 PROTECH SOLUTI ONS IN RECIPIENT'S name, street address (including the control of the control	11 1st year of desig.Roth contrib. ED (if checked) RECIPIENT'S TIN XXX-XX-5117 Ind ZIP code 1 ONS CO. 71C 6-1987 1-800-425- IC. 401K Ig apt. no.), city, state, and ZIP AS 84095	requirement (keep for your re	7 Distribution code(s) 1 9a Your percentage of total distribution 14 State tax withheld 13 Date of payment ecords) 1 Gross distribution \$38, 629 2a Taxable amount \$38, 629 2b Taxable amount \$3 Capital gain (included in text) \$0 5 Employee contrib/desig Recontrib or insurance premeduced in text) 7 Distribution code(s) 1 9a Your percentage of total distribution 14 State tax withheld	9. 70 P. 70 Box 2a) D. 00 Roth Carlotter Market Market	8 Other 9b Total employee cont \$ 15 State/Payer's state in UT 12981023 Departm OMB No. 1545-0119 2023 Form 1099-R Total X distribution 4 Federal income tax w \$7, 7 6 Net unrealized apprecinemployer's securities in employer's securities 8 Other 9b Total employee cont \$ 15 State/Payer's state in UT 12981023	\$0. 00 % \$0. 00 ributions o. BOO2WTH withheld 725. 94 citation 98 \$0. 00 ributions \$0. 00 % \$0. 00 ributions	furnished to the Internal Revenue Service. 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution \$ asury - Internal Revenue Service Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2 File this copy with your state, city, or local income tax return, when required 10 Amount allocable to IRR within 5 years \$0.00 16 State distribution

Instructions for Recipient

Generally, distributions from retirement plans (IRAs, qualified plans, section 403(b) plans, and governmental section 457(b) plans), insurance contracts, etc., are reported to recipients on Form 1099-R.

Qualified plans and section 403(b) plans. If your annuity starting date is after 1997, you must use the simplified method to figure your taxable amount if your payer didn't show the taxable amount in box 2a. See the instructions for your tax return.

IRAs. For distributions from a traditional individual retirement arrangement (IRA),

simplified employee pension (SEP), or savings incentive match plan for employees (SIMPLE), generally the payer isn't required to compute the taxable amount. See the instructions for your tax return to determine the taxable amount. If you're at least age 72, you must take minimum distributions from your IRA (other than a Roth IRA). If you don't, you're subject to a 50% excise tax on the amount that should've been distributed. See Pub. 590-A and Pub. 590-B for more information on IRAs.

Roth IRAs. For distributions from a Roth IRA, generally the payer isn't required to compute the taxable amount. You must compute any taxable amount on Form 8606. An amount shown in box 2a may be taxable earnings on an excess contribution.

Loans treated as distributions. If you borrow money from a qualified plan, section 403(b) plan, or governmental section 457(b) plan, you may have to treat the loan as a distribution and include all or part of the amount borrowed in your income. There are exceptions to this rule. If your loan is taxable, code L will be shown in box 7. See Pub.

Recipient'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 payer has reported your complete TIN to the IRS.

Account number. May show an account, policy, or other unique number the payer assigned to distinguish your account.

Box 1. Shows the total amount distributed this year. The amount may have been a direct rollover, a transfer or conversion to a Roth IRA, a recharacterized IRA contribution; or you may have received it

as periodic payments, nonperiodic payments, or a total distribution. Report the amount on Form 1040, 1040-SR, or 1040-NR on the line for "IRA distributions" or "Pensions and annuities" (or the line for "Taxable amount") and on Form 8606, as applicable. However, if this is a lump-sum distribution, see Form 4972. If you haven't reached minimum retirement age, report your disability payments on the line for "Wages, salaries, tips, etc." on your tax return. Also report on that line permissible withdrawals from eligible automatic contribution arrangements and corrective distributions of excess deferrals, excess contributions, or excess aggregate contributions except if the distribution is of designated Roth contributions or your after-tax contributions or if you're self-employed. If a life insurance, annuity, qualified long-term care, or endowment contract was transferred tax free to another trustee or contract issuer, an amount will be shown in this box and code 6 will be shown in box 7. If a charge or payment was made against the cash value of an annuity contract or the cash surrender value of a life insurance contract for the purchase of qualified long-term care insurance, an amount will be shown in this box and code W will be shown in box 7. You need not report these amounts on your tax return. If code C is shown in box 7, the amount shown in box 1 is a receipt of reportable death benefits that is taxable in part.

Box 2a. This part of the distribution is generally taxable. If there is no entry in this box, the payer may not have all the facts needed to figure the taxable amount. In that case, the first box in box 2b should be checked. You may want to get one of the free publications from the IRS to help you figure the taxable amount. See Additional information on the back of Copy 2. For an IRA distribution, see IRAs and Roth IRAs, earlier. For a direct rollover, other than from a qualified plan, section 403(b) plan, or governmental section 457(b) plan to a designated Roth account in the same plan or to a Roth IRA, zero should be shown and you must enter zero (-0-) on the "Taxable amount" line of your tax return. If you roll over a distribution (other than a distribution from a designated Roth account) from a qualified plan, section 403(b) plan, or governmental section 457(b) plan to a designated Roth account in the same plan or to a Roth IRA, you must

(Continued on the back of Copy C.)

Instructions for Recipient (Continued)

include on the "Taxable amount" line of your tax return the amount shown in this box plus the amount in box 6, if any.

If this is a total distribution from a qualified plan and you were born before January 2, 1936 (or you're the beneficiary of someone born before January 2, 1936), you may be eligible for the 10-year tax option. See the Form 4972 instructions for more information. If you're an eligible retired public safety officer who elected to exclude from income distributions from your eligible plan used to pay certain insurance premiums, the amount shown in box 2a hasn't been reduced by the exclusion amount. See the instructions for your tax return for more information.

Box 2b. If the first box is checked, the payer was unable to determine the taxable amount and box 2a should be blank, except for an IRA. It's your responsibility to determine the taxable amount. If the second box is checked, the distribution was a total distribution that closed out your account.

Box 3. If you received a lump-sum distribution from a qualified plan and were born before January 2, 1936 (or you're the beneficiary of someone born before January 2, 1936), you may be able to elect to treat this amount as a capital gain on Form 4972 (not on Schedule D (Form 1040)). See the Form 4972 instructions. For a charitable gift annuity, report as a long-term capital gain as explained in the Instructions for Form 8949.

Box 4. Shows federal income tax withheld. Include this amount on your income tax return as tax withheld, and if box 4 shows an amount (other than zero), attach Copy B to your return. Generally, if you receive payments that aren't eligible rollover distributions, you can change your withholding or elect not to have income tax withheld by giving the payer

Box 5. Generally, this shows the employee's investment in the contract (after-tax contributions), if any, recovered tax free this year; the portion that's your basis in a designated Roth account; the part of premiums paid on commercial annuities or insurance contracts recovered tax free; the nontaxable part of a charitable gift annuity; or the investment in a life insurance contract reportable under section 6050Y. This box doesn't show any IRA contributions. If the amount shown is your basis in a designated Roth account, the year you first made contributions to that account may be entered in box 11.

Box 6. If you received a lump-sum distribution from a qualified plan that includes securities of the employer's company, the net unrealized appreciation (NUA) (any increase in value of such securities while in the trust) is taxed only when you sell the securities unless you choose to include it in your gross income this year. See Pub. 575 and Form 4972. If you roll over the distribution to a designated Roth account in the same plan or to a Roth IRA, see the instructions for box 2a. For a direct rollover to a designated Roth account in the same plan or to a Roth IRA the NUA is included in box 2a. If you didn't receive a lump-sum distribution, the amount shown is the NUA attributable to employee contributions, which isn't taxed until you sell the securities. **Box 7.** The following codes identify the distribution you received. For more information on these distributions, see the instructions for your tax return. Also, certain distributions may be subject to

an additional 10% tax. See the Instructions for Form 5329.

- 1-Early distribution, no known exception (in most cases, under age 59½).
- 2—Early distribution, exception applies (under age 591/2).
- 3—Disability.
- 4—Death
- -Prohibited transaction.

6—Section 1035 exchange (a tax-free exchange of life insurance, annuity, qualified long-term care insurance, or endowment contracts).

-Normal distribution.

- 8—Excess contributions plus earnings/excess deferrals (and/or earnings) taxable in 2023.
- -Cost of current life insurance protection.

 -May be eligible for 10-year tax option (see Form 4972).
- -Designated Roth account distribution. Note: If code B is in box 7 and an amount is reported in box 11, see the Instructions for Form 5329.
- Reportable death benefits under section 6050Y.
- -Annuity payments from nonqualified annuities that may be subject to tax under section 1411.
 - -Distributions under Employee Plans Compliance Resolution System (EPCRS).

(Continued on the back of Copy 2.)

Instructions for Recipient (Continued)

Charitable gift annuity.

—Direct rollover of a distribution to a qualified plan, a section 403(b) plan, a governmental section 457(b) plan, or an IRA.

-Direct rollover of a designated Roth account distribution to a Roth IRA J-Early distribution from a Roth IRA, no known exception (in most cases, under age

K—Distribution of traditional IRA assets not having a readily available FMV.

—Loans treated as distributions.

M—Qualified plan loan offset.

N—Recharacterized IRA contribution made for 2023 and recharacterized in 2023

P—Excess contributions plus earnings/excess deferrals (and/or earnings) taxable in 2022.
Q—Qualified distribution from a Roth IRA.

R—Recharacterized IRA contribution made for 2022 and recharacterized in 2023 S-Early distribution from a SIMPLE IRA in first 2 years, no known exception (under age

-Roth IRA distribution, exception applies.

U-Dividend distribution from ESOP under section 404(k). Note: This distribution isn't eligible for rollover.

W—Charges or payments for purchasing qualified long-term care insurance contracts under combined arrangements. If the IRA/SEP/SIMPLE box is checked, you've received a traditional IRA, SEP, or SIMPLE distribution.

Box 8. If you received an annuity contract as part of a distribution, the value of the contract is shown. It isn't taxable when you receive it and shouldn't be included in boxes 1 and 2a. When you receive periodic payments from the annuity contract, they're taxable at that time. If the distribution is made to more than one person, the percentage of the annuity contract distributed to you is also shown. You'll need this information if you use the 10-year tax option (Form 4972). If charges were made for qualified long-term care

insurance contracts under combined arrangements, the amount of the reduction in the investment (but not below zero) in the annuity or life insurance contract is reported here. Box 9a. If a total distribution was made to more than one person, the percentage you received

Box 9b. For a life annuity from a qualified plan or from a section 403(b) plan (with after-tax contributions), an amount may be shown for the employee's total investment in the contract. It is used to compute the taxable part of the distribution. See Pub. 575.

Box 10. If an amount is reported in this box, see the Instructions for Form 5329 and Pub. 575. Box 11. The first year you made a contribution to the designated Roth account reported on this form is shown in this box.

Box 12. If checked, the payer is reporting on this Form 1099 to satisfy its Internal Revenue Code chapter 4 account reporting requirement under FATCA. You may also have a filing requirement. See the Instructions for Form 8938.

Box 13. Shows the date of payment for reportable death benefits under section 6050Y. Boxes 14-19. If state or local income tax was withheld from the distribution, boxes 16 and 19 may show the part of the distribution subject to state and/or local tax.

Additional information. You may want to see: Form W-4P, Form 4972, Form 5329, Form 8606

Pub. 525, Taxable and Nontaxable Income

Pub. 560, Retirement Plans for Small Business

Pub. 571, Tax-Sheltered Annuity Plans

Pub. 575, Pension and Annuity Income Pub. 590-A, Contributions to IRAs Pub. 590-B, Distributions from IRAs

Pub. 721, U.S. Civil Service Retirement Benefits

Pub. 939, General Rule for Pensions and Annuities

Pub. 969, HSAs and Other Tax-Favored Health Plan