

RELIANCE TRUST COMPANY
 FOR T. ROWE PRICE
 SOGETI USA 401(K) PROFIT SHARING PLAN
 201 17TH ST NW
 ATLANTA, GA 30363

000003419 TFOSTAX0011624286770 01 000000 143454 002

PALADI SRINIVAS
11005 BROWNWOOD PL
MCKINNEY, TX 75071



00003419 06837 0001-0002 DFOSTAX0011624286770 00 L 00143454

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 # 105349 FOR T. ROWE PRICE SOGETI USA 401(K) PROFIT SHARING PLAN 201 17TH ST NW ATLANTA, GA 30363 PAYER PHONE # 1-800-922-9945			1 Gross distribution \$ 2,558.06	OMB No. 1545-0119 2023 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. 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.	
2a Taxable amount \$ 2,558.06			2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/>			
PAYER'S TIN 58-1428634	RECIPIENT'S TIN XXX-XX-7811		3 Capital gain (included in box 2a) \$ 0.00	4 Federal income tax withheld \$ 511.61		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code PALADI SRINIVAS 11005 BROWNWOOD PL MCKINNEY, TX 75071			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) 1	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 design. 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 \$ 2,558.06	
Account number (see instructions) 20240113044300070858			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



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**Copy C
For Recipient's Records**

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Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

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File this copy with your state, city, or local income tax return, when required.

Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service



Employer-Provided Health Insurance Offer and Coverage
Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095C for instructions and the latest information.

Part I Employee

1 Name of employee (first name, middle initial, last name)
SRINIVAS PALADI

2 Social security number (SSN)
****-**-7811

3 Street address (including apartment no.)
11005 BROWNWOOD PL

4 City or town
MCKINNEY TX

5 State or province
TX

6 Country and ZIP or foreign postal code
75071-6115

7 Name of employer
PAYCHEX NORTH AMERICA INC.

8 Employer identification number (EIN)
47-0900849

9 Street address (including room or suite no.)
911 PANORAMA TRAIL SOUTH

10 Contact telephone number
(585) 336-7600

11 City or town
ROCHESTER NY

12 State or province
NY

13 Country and ZIP or foreign postal code
14625

Part II Employee Offer of Coverage

Employee's Age on January 1

	Plan Start Month (enter 2-digit number): 01												
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1H	1H	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$ 140.59	\$ 140.59	\$ 140.59	\$ 140.59	\$ 140.59	\$ 140.59	\$ 140.59	\$ 140.59	\$ 140.59	\$ 140.59
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2D	2F	2F	2B	2F	2F	2F	2F	2F	2F	2B
17 ZIP Code													

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage													
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
18				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>