| | | | CORREC | CTED (if | checked) | Date Printed 01/19/20 | 24 | | |
|---|--|--|--------------|------------------------|--|---------------------------------------|--|--|--|
| PAYER'S name, street address, city | 1 Gross dis | | | OMB No. 1545-0119 | 7 | | | | |
| province, country, ZIP or foreign pos EMPOWER TRUST COMP | | | \$88,169.14 | 2023 | Annuities | ons From Pensions, , Retirement or | | | |
| PO BOX 173764 D999 DENVER, CO 80217-3764 | 2a Taxable | amount | *0.00 | | Profit-Sha | ring Plans, IRAs, Contracts, etc. | | | |
| 1-800-338-4015 | | | 2b Taxable | emount not | \$0.00 | | | Copy B | |
| | | | | ed | | Total distribution | | Report this income | |
| PAYER'S TIN RECIPIENT'S TIN | | | | in (included | in box 2a) | 4 Federal income tax withheld | | on your federal tax return. If this form shows federal income | |
| 84-1455663 ***-**-5443 | | | | contribution | s/Designated | 6 Net unrealized appreciation | 6 Net unrealized appreciation in employer's securities | | |
| RECIPIENTS name, street address (including apt. no.), city or town, state or province country, and ZIP or foreign postal code SUSHMA NAGARAJ 18458 134TH STREET SOUTHEAST | | | | | To Gran Co | | | box 4, attach this copy to your return. | |
| | | | | code(s) | RALSEP / | 6 Other | % | This information | |
| MONROE, WA 98272 | | | 9a Your perd | | otal distribution | 9b Total employee contribution | | is being furnished to the | |
| | | | | withheld | 70 | | | 16 State distribution | |
| | | | | | | | | | |
| 10 Amount allocable to IRR within 11 1st year of desig. 12 FATCA filing | | | | withheld | | WA | | | |
| 5 years | Roth contrib. | requirement | | Willineid | | 18 Name of locality | | 19 Local distribution | |
| account number (see instructions) 13 Date of payment | | | | | | | | | |
| Form 1099-R www.irs.gov/Form1099R Department of the Treasury-Internal Revenue Service | | | | | | | | | |
| | | | | | | | | | |
| | | | | CORRECTED (if checked) | | Date Printed 01/19/202 | Date Printed 01/19/2024 | | |
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. EMPOWER TRUST COMPANY LLC PO BOX 173764 D999 DENVER, CO 80217-3764 1-800-338-4015 | | | | ribution | \$88,169.14 | OMB No. 1545-0119 | Dietebration | | |
| | | | | amount | 400,109.14 | 2023 | Annuities, | ns From Pensions, Retirement or | |
| | | | | | \$0.00 | Form 1099-R | Insurance | ring Plans, IRAs, Contracts, etc. | |
| | | | | amount not | | Total distribution | · [X] | Copy C | |
| | | | | in (included | in box 2a) | 4 Federal income tax withheld | | For Recipient's Records | |
| PAYER'S TIN RECIPIENTS TIN 84-1455663 ***-**-5443 | | | | contribution | ns/Designated | 6 Net unrealized appreciation i | n amala ada | - | |
| RECIPIENTS name, street address (including apt. no.), city or town, state or province country, and ZIP or foreign postal code SUSHMA NAGARAJ 18458 134TH STREET SOUTHEAST MONROE, WA 98272 | | | | | | securities | securities | | |
| | | | | n code(s) | IRA / SEP / | 8 Other | | This information is being furnished to the IRS | |
| | | | | | otal distribution | 9b Total employee contribution | % s | | |
| | | | | ishbald | % | | | The state of the s | |
| | | | | 14 State tax withheld | | 15 State/Payer's state no. | | 16 State distribution | |
| | | | | | | WA | | | |
| 10 Amount allocable to IRR within 5 years | 11 1st year of desig. Roth contrib. | 12 FATCA filing requirement | 17 Local tax | withheld | | 18 Name of locality | | 19 Local distribution | |
| Account number (see instructions) 92037 | | 13 Date of paymen | t | | | | | | |
| Form 1099-R | www.irs.go | ww.irs.gov/Form1099R Department of the Treasury-Internal R | | | Revenue Service | | | | |
| | | | - | | | - openation of the Trode | and mineral | | |
| | | | | | | | | | |
| | | | CORREC | CTED (if | checked) | Date Printed 01/19/202 | 4 | | |
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. EMPOWER TRUST COMPANY LLC PO BOX 173764 D999 DENVER, CO 80217-3764 1-800-338-4015 | | | | tribution | \$00 160 14 | OMB No. 1545-0119 | | - Emm Densions | |
| | | | | amount | \$88,169.14 | 2023 | Annuities. | ons From Pensions, Retirement or | |
| | | | | | \$0.00 | | Profit-Shar | ring Plans, IRAs, Contracts, etc. | |
| | | | | amount not | | Total distribution | X | Copy 2 | |
| A stranger to a line | | | | in (included | in box 2a) | 4 Federal income tax withheld | | File this copy with your state, | |
| PAYER'S TIN 84-1455663 | | RECIPIENTS TIN | | | Employee contributions/Designated Roth contributions or insurance | | 6 Net unrealized appreciation in employer's return, when required. | | |
| RECIPIENTS name, street address (including apt, no.) city or town, state or province | | | | ributions or | insurance | securities | | | |
| country, and ZIP or foreign postal code SUSHMA NAGARAJ 18458 134TH STREET SOUTHEAST MONROE, WA 98272 | | | | | IRA/SEP/ | Other | | % 16 State distribution | |
| | | | | | SIMPLE Iotal distribution | 9b Total employee contribution | | | |
| | | | | | % | Total amprojes contraction | • | | |
| | | | | withheld | | 15 State/Payer's state no. | | | |
| | | | | | | WA | | | |
| 10 Amount allocable to IRR within 11 1st year of desig. 12 FATCA filing | | | 17 Local ta | 17 Local tax withheld | | 18 Name of locality | | | |
| 5 years | Roth contrib. | requirement | | | | | | 19 Local distribution | |
| Account number (see instructions) 92037 | A STATE OF THE STA | 13 Date of paymen | | | | | | | |