

Form 1099-R CORRECTED (if checked) OMB No. 1545-0119 **2023**

1 Gross distribution \$ 890.98	2a Taxable amount \$ 0.00	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
2b Taxable amount not determined	Total distribution	12 FATCA filing requirement	13 Date of payment

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.
ADP RETIREMENT SERVICES 1-866-713-6152
423111 ACHRONIX SEMICONDUCTOR 401(K)
4 NORTHEASTERN BLVD
SALEM NH 03079-2380

PAYER'S TIN 57-1198022		RECIPIENT'S TIN XXX-XX-3099	
3 Capital gain (included in box 2a) \$ 0.00	4 Federal income tax withheld \$ 0.00	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) G	IRA/SEP/SIMPLE	8 Other \$ 0.00
9a Your percentage of total distribution % \$		9b Total employee contributions \$ 0.00	

Recipient's name, street address (including apt. no.), city or town, state or province, country, and Zip or foreign postal code
SHARMA SIDDHANT
3996 SE 78TH AVE
HILLSBORO OR 97123

Account number (see instruc.) 20240113210300799877	11 1st year of desig. Roth contrib.	10 Amount allocable to IRR within 5 years \$
14 State tax withheld \$ 0.00	15 State/Payer's state no. OR12327467	16 State distribution \$ 0.00
17 Local tax withheld \$	18 Name of locality	19 Local distribution \$

Copy 2 File this copy with your state, city, or local income tax return, when required.
 Department of the Treasury
 Internal Revenue Service
 www.irs.gov/Form1099R

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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.
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 Internal Revenue Service
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