

CORRECTED (if checked)

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

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 \$ 81,836.87	OMB No. 1545-0119 2023 Form 1099-R	
PAYER'S TIN 42-0127290		2a Taxable amount \$ 0.00	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/>	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code RITESH B SATHE 1472 N KELSEY WAY SARATOGA SPRINGS, UT 84045-3218		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$	
RECIPIENT'S TIN XXX-XX-1094		5 Employee contributions/Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
7 Distribution code(s) G		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"/>
13 Date of payment		14 State tax withheld \$	15 State/Payer's state no. UT / 12289331003WTH	16 State distribution \$ 0.00
17 Local tax withheld \$		18 Name of locality		19 Local distribution \$

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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.

Form 1099-R www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

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For Recipient's Records

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

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