

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

1 Gross distribution	2a Taxable amount	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
\$ 482.24	\$ 0.00		
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
316096 ABOITTS CONSUTLING INC
4 NORTHEASTERN BLVD
SALEM NH 03079-2380**

PAYER'S TIN	RECIPIENT'S TIN
57-1198022	XXX-XX-1317

3 Capital gain (included in box 2a)	4 Federal income tax withheld	5 Employee contributions/Designated Roth contributions or insurance premiums
\$ 0.00	\$ 0.00	\$ 0.00

6 Net unrealized appreciation in employer's securities	7 Distribution code(s)	IRA/SEP/SIMPLE	8 Other	%
\$ 0.00	G		\$ 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

**VEMMENTHALA UDAYASRI
1620 MARIAH LANE
ERIE CO 80516**

Account number (see instruc.)	11 1st year of desig. Roth contrib.	10 Amount allocable to IRR within 5 years
20240113210300791514		\$

14 State tax withheld	15 State/Payer's state no.	16 State distribution
\$ 0.00	C02655089	\$ 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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**013628 SADA99M1
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Copy C For Recipient's Records

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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.

Department of the Treasury
Internal Revenue Service

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