PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

MERRILL LYNCH AS CUSTODIAN P.O. BOX 2150 LAKEWOOD, NJ 08701-8150 1-800-738-1099

KHUSHBOO T KANANI 40 NEWPORT PARKWAY APT. 2414 JERSEY CITY NJ 07310-1522

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OMB No. 1545-0119 CORRECTED 5LB25R94 Account number (see instructions) **Distributions From** Gross distribution PAYER'S TIN VOID Pensions, Annuities, Retirement or 3,254,78 13-3180817 **Profit-Sharing** RECIPIENT'S TIN 2a Taxable amount 2023 Plans, IRAs, Insurance Form 1099-R 3.254.78 XXX-XX-1600 Contracts, etc. 2b Taxable amount Total X Copy 1 not determined distribution For State, City, Capital gain (included Federal income tax withheld or Local in box 2a) Tax Department 6 Net unrealized appreciation Employee contributions /Designated Roth in employer's securities 10 Amount allocable to contributions or IRR within 5 years insurance premiums 7 Distribution IRA/SEP/ 8 Other 11 1st year of desig. Roth contrib. SIMPLE code(s) % 9a Your percentage of total 9b Total employee contributions 12 FATCA filing distribution requirement 15 State/Payer's state no. 13 Date of payment 14 State tax withheld NJ/B133180817000 16 State distribution 17 Local tax withheld 18 Name of locality 19 Local distribution Form 1099-R www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service OMB No. 1545-0119 CORRECTED (if checked) Account number (see instructions) 5LB25R94 **Distributions From** Gross distribution PAYER'S TIN Pensions, Annuities, Retirement or 3,254,78 13-3180817 Profit-Sharing 2a Taxable amount RECIPIENTS TIN 2023 Plans, IRAs, Insurance 3,254.78 XXX-XX-1600 Form 1099-R Contracts, etc. 2b Taxable amount Total Copy B Х X distribution not determined Report this income on your Capital gain (included Federal income tax withheld federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. Employee contributions Net unrealized appreciation /Designated Roth in employer's securities 10 Amount allocable to contributions or IRR within 5 years insurance premiums IRA/SEP 11 1st year of desig. Roth contrib. Distribution 8 Othe SIMPLE code(s) % 9a Your percentage of total 9b Total employee contributions 12 FATCA filing distribution requirement % 13 Date of payment 14 State tax withheld 15 State/Payer's state no. NJ/B133180817000 16 State distribution 17 Local tax withheld 18 Name of locality 19 Local distribution Form 1099-R www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service OMB No. 1545-0119 CORRECTED (if checked) Account number (see instructions) 5LB25R94 **Distributions From** Gross distribution PAYER'S TIN Pensions, Annuities, Retirement or 3,254,78 13-3180817 **Profit-Sharing** 2a Taxable amount RECIPIENTS TIN 2023 Plans IRAs Insurance Form 1099-R 3.254.78 XXX-XX-1600 Contracts, etc. 2b Taxable amount X not determined distribution Copy C For Recipient's Capital gain (Included Federal income tax withheld in box 2a) 5 Employee contributions 6 Net unrealized appreciation /Designated Roth in employer's securities 10 Amount allocable to contributions or IRR within 5 years insurance premiums Distribution RA/SEP/ 8 Other 11 1st year of desig. Roth contrib. SIMPLE code(s) % X 12 FATCA filing 9a Your percentage of total 9b Total employee contributions distribution requirement % 13 Date of payment 14 State tax withheld 15 State/Payer's state no. NJ/B133180817000 16 State distribution 17 Local tax withheld 18 Name of locality 19 Local distribution