Form 1099-R	CORRECTED	(if checked)	омв No. 1545-0119 <b>2023</b>	Form 1099-R	CORRECTED	) (if checke	<i>-</i> u)	No. 1545-0119 2	<b>023</b>
1 Gross distribution 2a Taxable ar		Annuities, Retirement or		1 Gross distribution 2a Taxable am			Annuities, Retirement or		
\$ 2462.47	\$	0.00	Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	\$ 2462.47	\$		O . OO Profit-Sharin		racts, etc
2b Taxable amount not determined	Total distribution		12 FATCA filing 13 Date of payment requirement	2b Taxable amount not determined	Total distribution			ATCA filing 13 Date of quirement	payment
		x				x	[		
PAYER'S name, street address, ADP RETIREMEN			, ZIP or foreign postal code, and phone no.	PAYER'S name, street address, ADP RETIREMEN					and phone n
			(K) PROFIT	321573 ACCO	LITE DIG			) PROFIT	
4 NORTHEASTER SALEM NH 0307				4 NORTHEASTER					
						T			
PAYER'S TIN 57-1198022		RECIPIENT'S	S TIN (X-6828	PAYER'S TIN <b>57-1198022</b>		RECIPIE	NT'S TIN X-XX-(	6828	
3 Capital gain (included in box 2a)	4 Federal inco		d 5 Employee contributions/Designated Roth contributions or insurance premiums	3 Capital gain (included	4 Federal inc		held 5 Er	mployee contributions/De	signated rance premiur
\$ 0.00	\$	0.00	s 2290.91	s 0.00	\$	0.00	\$	2290.91	,
6 Net unrealized appreciation in employer's securities	7 Distribution of			6 Net unrealized appreciation in employer's securities	7 Distribution	code(s)		ther	%
s 0.00	н	SIMP	(E) s 0.00	s 0.00	н	S	SIMPLE S	0.00	
9a Your percentage of total dist	tribution	9b Total emp	oloyee contributions	9a Your percentage of total dis	tribution	9b Total e	employee	contributions	
	%	\$	0.00		c	% s		0.00	
Recipient's name, street address (include			nce, country, and Zip or foreign postal code	Recipient's name, street address (include			province, cou	ntry, and Zip or foreign	n postal code
				039607 SADA99M3	3				
KARIMIKONDA A			D #4040	KARIMIKONDA A		DOLU 51/	ADD #	1010	
6312 NORTH MA IRVING TX 750		BUULEVAN	RU #1048	6312 NORTH MA		BOOLEVA	AKD #	1048	
Account number (see instruc.) 2024011321030081		st year of desig. Roth contr	ib. 10 Amount allocable to IRR within 5 years	Account number (see instruc.) 202401132103008	17892	1st year of desig. Roth	h contrib. 10	Amount allocable to IRR	within 5 year
14 State tax withheld	15 State/Payer TX57 1 19		16 State distribution	14 State tax withheld	15 State/Paye TX5711		16	16 State distribution	
17 Local tax withheld	18 Name of loa		\$ 19 Local distribution	17 Local tax withheld		Name of locality		19 Local distribution	
\$ Copy 2 File this copy with your state, city, o		]\$	Department of the Treasury Copy 2 File this copy with your state, cit		stata oitu	\$  / Or	Of Department of the Treasur		
local income tax retur	n, when rec	uired.	Of Department of the Treasury Internal Revenue Service www.irs.gov/Form1099R	local income tax retur	n, when re	quired.	y, Oi	Internal Revenue	ue Service
			8800		400				<b>ഹ</b> ഹ
	CORRECTED		OMB No. 1545-0119 2023 Distributions From Pensions,		CORRECTE		<u> </u>	No. 1545-0119 🔏	
1 Gross distribution 2462.47		O . OO Annuities, Retirement or Profit-Sharing Plans, IRAs,		1 Gross distribution 2462.47			<u> </u>	Annuities, Retirement or Profit-Sharing Plans, IRAs	
\$ \$ 2b Taxable amount Total			Insurance Contracts, etc.  12 FATCA filing 13 Date of payment	\$ \$ \$ 2b Taxable amount Total			Insurance Contracts, etc 12 FATCA filing 13 Date of payment		
not determined distribution			requirement	not determined	not determined distribution		requirement		
PAYER'S name, street address,			/, ZIP or foreign postal code, and phone no.	PAYER'S name, street address,			untry, ZIP or	foreign postal code, a	and phone n
ADP RETIREMEN				ADP RETIREMEN 321573 ACCO				3-6152 ) PROFIT	
321573 ACCO 4 NORTHEASTER		TIAL 40	1 (K) PROFIT	4 NORTHEASTER		IIIAL 4	01 (K	) PROFII	
SALEM NH 0307	9-2380			SALEM NH 0307	9-2380				
PAYER'S TIN RECIPIENT'S			- 0.00	PAYER'S TIN		RECIPIE		••••	
57 - 1 1 9 8 0 2 2 3 Capital gain (included 4 Federal incor		0.00	XX-6828 d 5 Employee contributions/Designated	57-1198022 3 Capital gain (included	4 Federal inc		1	X - 6828 5 Employee contributions/Designated	
in box 2a)	14 7 Gadiai inido		Roth contributions or insurance premiums	in box 2a)			R	oth contributions or insur	rance premiur
\$ 0.00 6 Net unrealized appreciation	\$ 7 Distribution of	O.OO	\$ 2290.91 / 8 Other %	\$ 0.00 6 Net unrealized appreciation	\$ 7 Distribution	0.00	Ψ.	2290.91 Other	1 %
in employer's securities		SEP SIMP	P/ LE	in employer's securities		S	SEP/ SIMPLE		"
\$ 0.00  9a Your percentage of total dis	H	Ob Total ama	\$ 0.00	\$ 0.00  9a Your percentage of total dis	H	Oh Total e	\$	O.OO contributions	
sa rour percentage or total uis	modion	ab rotal emp			induion	3D Total e	employee		
Projection and attact address (included	%		O . OO ince, country, and Zip or foreign postal code	Recipient's name, street address (include		% \$	province cou	O.OO	n noetal code
necipient's name, street address (motor	ang apt. no.,, city or	lown, state or provi	ince, country, and zip or loreign postar code	necipient's name, street address (inclui	ang api. no.,, ony o	i town, state or p	province, cou	inity, and zip or roleigi	i postai code
KARIMIKONDA A	VINASH			KARIMIKONDA A	VINASH				
6312 NORTH MA IRVING TX 750	CARTHUR	BOULEVAR	RD #1048	6312 NORTH MA	The same of the sa	BOULEV	ARD #	1048	
Account number (see instruc.) 20240113210300817892  11 1st year of design, Right contrib.			rib. 10 Amount allocable to IRR within 5 years	Account number (see instruc.) 20240113210300817892			h contrib. 10	10 Amount allocable to IRR within 5 years	
14 State tax withheld	7892 2022 15 State/Payer's state no. TX571198022		16 State distribution	14 State tax withheld	15 State/Pay		\$		
\$ 0.00	18 Name of locality		\$ 0.00	\$ 17 Local tax withheld	18 Name of I		\$ 0.00		
\$			\$	\$					
Copy C For Reci	pient's R	ecords	Department of the Treasury Internal Revenue Service	Copy B Report this in federal tax return. If the	come on y	our		Department of Internal Reven	
This information is (keep for your records) www.irs.gov/Form1099R				shows federal income tax withheld This information is					
being furnished to the IRS.				www.irs.gov/Form1099R	opy to you	ı return.	b	eing furnish the	ed to