

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

1 Gross distribution \$ 177.77	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 \$ X	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
 321573 ACCOLITE DIGITAL 401 (K) PROFIT
 4 NORTHEASTERN BLVD
 SALEM NH 03079-2380**

PAYER'S TIN 57-1198022		RECIPIENT'S TIN XXX-XX-6828	
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 % \$ 0.00		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

**KARIMIKONDA AVINASH
 6312 NORTH MACARTHUR BOULEVARD #1048
 IRVING TX 75039**

Account number (see instruc.) 20240113210300817891	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. TX571198022	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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This information is being furnished to the IRS.

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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