				ଉଦ	22	- ·				G	രെ	
Form 1099-R	CORRECTED (if checked) 2a Taxable amount		OMB No. 1545-0119 (4UL) Distributions From Pensions,		Form 1099-R	CORRECTEI		ked)	OMB No. 1545-0119 @	会 心とう 1 Pensions.		
177.77	0.00		Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		. 177.77	0.00		00	Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.			
2b Taxable amount not determined	Total distribution			12 FATCA filing 13 Date of parequirement		2b Taxable amount not determined	Total distribution			12 FATCA filing 13 Date requirement		
PAYER'S name, street address	s. city or town, st	ate or province.	country.	ZIP or foreign postal code, and	phone no.	PAYER'S name, street address,	city or town, state	or province	country 7	ZIP or foreign postal code	and ohone no	
ADP RETIREME	NT SERV OLITE D RN BLVD	ICES 1- IGITAL	866			ADP RETIREMEN	T SERVIC LITE DIG N BLVD	ES 1-	866-			
			ENT'S			PAYER'S TIN RECIPIENT'S						
57-1198022 3 Capital gain (included	4 Federal i			X-6828 5 Employee contributions/Design	nated .	57-1198022 3 Capital gain (included	4 Federal inc			X-6828 5 Employee contributions/I Roth contributions or ins	Designated	
in box 2a) \$ 0.00	\$	0.0	n	Roth contributions or insurances S O. OO	ce premiums	in box 2a)	s	0.0		1		
6 Net unrealized appreciation in employer's securities			IRA/ SEP/ SIMPLE		%	6 Net unrealized appreciation in employer's securities	7 Distribution		IRA/ SEP/ SIMPLE		<u> </u>	
s 0.00	G		SIMPLE	s 0.00		\$ 0.00	G		SIMPLE	s 0.00		
9a Your percentage of total di	istribution	9b Tota	l emplo	byee contributions	-	9a Your percentage of total dis		9b Tota	l emplo	yee contributions		
		% \$		0.00				% \$		0.00		
Recipient's name, street address (incl	uding apt. no.), cit		r provinc	ce, country, and Zip or foreign po	ostal code	Recipient's name, street address (include			or province	e, country, and Zip or foreig	gn postal code	
KARIMIKONDA 6312 NORTH M IRVING TX 75	ACARTHU		VARI	D #1048		039606 SADA99M3 KARIMIKONDA A' 6312 NORTH MAG IRVING TX 750	VINASH CARTHUR	BOULE	VARD	#1048		
Account number (see instruc.) 202401132103008		11 1st year of desig. F	Roth contrib.	10 Amount allocable to IRR with \$	thin 5 years	Account number (see instruc.) 202401132103008		1st year of desig.	Roth contrib.	10 Amount allocable to IR \$	R within 5 years	
14 State tax withheld S 0.00	15 State/Pa TX571	15 State/Payer's state no. TX571198022		16 State distribution \$ 0.00		14 State tax withheld \$ 0.00	15 State/Payer's state no. TX571198022		10.	16 State distribution \$ 0.00		
17 Local tax withheld	18 Name of locality		19 Local distribution		17 Local tax withheld	18 Name of locality			19 Local distribution			
Copy 2 File this copy local income tax retu	with you rn, when	r state, ci required.	ty, o	Department of the internal Revenue www.irs.gov/Form	Service	Copy 2 File this copy local income tax retur	with your on, when re	state, ci quired.	ity, or	Department o Internal Rever www.irs.gov/F	nue Service	
Form 1099-R CORRECTED (if checked) Gross distribution 2a Taxable amount			OMB No. 1545-0119 2023		CONTILOTED (II checked)				OMB No. 1545-0119 2	2023		
177.77			0	Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		177.77		0.00 Pr		Annuities, Ret Profit-Sharing P	Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
2b Taxable amount not determined	Taxable amount Total			12 FATCA filing 13 Date of payment requirement		2b Taxable amount not determined	Total distribution			12 FATCA filing requirement		
DAVED'S name street address	e oity or town et	X x	ountry.	ZIP or foreign postal code, and	phono no	PAVER'S name street address	city or town state	x L	nountry 7	/IP or foreign postal sade	and phone no	
ADP RETIREME	NT SERV OLITE D RN BLVD	ICES 1-	866		pnone no.	PAYER'S name, street address, ADP RETIREMEN' 321573 ACCOI 4 NORTHEASTERI SALEM NH 0307	T SERVIC LITE DIG N BLVD	ES 1-	866-		and phone no	
PAYER'S TIN 57-1198022		RECIPI		TIN K-6828		PAYER'S TIN 57-1198022		RECIPI		TIN X-6828		
3 Capital gain (included in box 2a)	4 Federal i			5 Employee contributions/Design Roth contributions or insurance	nated	3 Capital gain (included	4 Federal inc			5 Employee contributions/E Roth contributions or insu	Designated	
0.00	\$	0.0	0	\$ 0.00	e premiums	\$ 0.00	s	0.0	0	\$ 0.00		
Net unrealized appreciation in employer's securities	7 Distribution	on code(s)	IRA/ SEP/ SIMPLE	8 Other	%	Net unrealized appreciation in employer's securities	7 Distribution	code(s)	IRA/ SEP/ SIMPLE	8 Other	%	
O.OO Pa Your percentage of total di	Stribution	9b Total		\$ 0.00 eyee contributions	<u> </u>	\$ 0.00 9a Your percentage of total dist	G tribution	9b Tota	l emplo	\$ 0.00 yee contributions		
100		% \$		0.00				6 \$		0.00		
Recipient's name, street address (incli	uding apt. no.), cit		r provinc	e, country, and Zip or foreign po	stal code	Recipient's name, street address (include			or province		gn postal code	
KARIMIKONDA 6312 NORTH M IRVING TX 75	ACARTHU	R BOULE	VARE	D #1048		KARIMIKONDA AV 6312 NORTH MAC IRVING TX 750:	CARTHUR	BOULE	VARD	#1048		
Account number (see instruc.) 202401132103008	count number (see instruc.)			10 Amount allocable to IRR within 5 years		Account number (see instruc.) 202401132103008	17891 11 1st year of desig. Roth contrib.			10 Amount allocable to IRR within 5 years		
14 State tax withheld	15 State/Payer's state no. TX57 1 198022		16 State distribution		14 State tax withheld	15 State/Payer's state no. TX57 1 198022			16 State distribution			
7 Local tax withheld 18 Name of locality			19 Local distribution		17 Local tax withheld	18 Name of locality			19 Local distribution			
Copy C For Rec	ipient's	Record		\$ Department of the		\$ Copy B Report this inc	come on v	our		\$ Department of	f the Treasur.	
This information is heing furnished to the IRS.					Service ords)	federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. www.irs.gov/Form1099R Internal Revenue Service This information is being furnished to the IRS.					nue Service ´ tion is hed to	