			<u> </u>	22				9	⊕23	
Form 1099-R	CORRECTED (if check	cuj	No. 1545-0119	23	Form 1099-R	CORRECTED		OMB No. 1545-0119	Pensions	
1 Gross distribution	2a Taxable amount	Dist	ributions From Per Annuities, Retiren		1 Gross distribution	2a Taxable a	nount	Annuities, Ret	rement or	
6800.50	0.0		rofit-Sharing Plans	, IRAs,	6800.50	s	0.00	Profit-Sharing Pl		
2b Taxable amount	Total		Insurance Contrac		2b Taxable amount	Total		12 FATCA filing 13 Date of		
not determined	distribution		quirement		not determined	distribution		requirement		
	Y						X			
PAYER'S name, street address	, city or town, state or province, co	ountry, ZIP or	foreign postal code, and	phone no.	PAYER'S name, street address	s, city or town, state	or province, country	y, ZIP or foreign postal code,	and phone n	
					ADP RETIREME 236349 DEN 4 NORTHEASTE SALEM NH 030	RN BLVD	CES 1-86 FIONS IN	6-713-6152 C. 401K		
PAYER'S TIN RECIPIENT'S					PAYER'S TIN		RECIPIENT'S TIN			
		(X-XX-		natad	57-1198022 3 Capital gain (included	A Fodoral inc		-XX-7017 Id 5 Employee contributions/E	esignated	
in box 2a)	4 Federal income tax wit	Ro	oth contributions or insurance	e premiums	in box 2a)	1 Todordi ilio	ATTO TOX TITLE TO	Roth contributions or inst	rance premiu	
0.00	\$ 0.0	00 \$	0.00		\$ 0.00	\$	0.00	\$ 0.0	0	
Net unrealized appreciation			ther	1 %	6 Net unrealized appreciation	7 Distribution		8 Other	%	
in employer's securities		IRA/ SEP/ SIMPLE			in employer's securities		SIMP	LΕ		
0.00	G	\$	0.00		\$ 0.00	G	10.0	\$ 0.00		
a Your percentage of total dis	stribution 9b Total	employee	contributions		9a Your percentage of total d	istribution	9b Total emp	ployee contributions		
							/ 6	0.00		
Recipient's name, street address (inclu	% \$	nrovince cou	ntry, and Zip or foreign or	ostal code	Recipient's name, street address (inc		/6 \$	ince, country, and Zip or foreign		
necipient's flame, street address (inch	ionig api. 110.), city of town, state of	province, cou	intry, and zip or loreign pe	Join Code	ricorpioni o mano, otrosi addreso (mo	iduning aparitory, only o	term) emis e pre-			
BANDARUPALLI 15503 VANCE SAN ANTONIO	JACKSON ROAD	APT 32	18		015690 SADA99 BANDARUPALLI 15503 VANCE SAN ANTONIO	SAICHAN JACKSON TX 78249	ROAD APT			
Account number (see instruc.)		oth contrib. 10	Amount allocable to IRR wit	thin 5 years	Account number (see instruc.	the same of the sa	1st year of desig. Roth con	trib. 10 Amount allocable to IR	R within 5 year	
202401132103000		\$			20240113210300		rie state no	\$ 16 State distribution		
4 State tax withheld	15 State/Payer's state no TX571198022	0. 16	State distribution O.	00	14 State tax withheld \$ 0.00	15 State/Pay	198022	\$	0.00	
7 Local tax withheld	18 Name of locality	\$	Local distribution	00	17 Local tax withheld	18 Name of I		19 Local distribution		
7 Local tax withheld	16 Name of locality	6	Local distribution		¢	To reamo or r	Jounny	S		
Form 1099-R Gross distribution 6800.50	CORRECTED (if checked) 2a Taxable amount 0.00		OMB No. 1545-0119 2023 Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs,		COMILECTED (II CHECKED)			Distributions From Annuities, Re Profit-Sharing P	OMB No. 1545-0119 (CUZ) Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs,	
3	\$		Insurance Contrac	cts, etc.	\$	\$		Insurance Con		
2b Taxable amount not determined	Total distribution		ATCA filing 13 Date of p	ayment	2b Taxable amount not determined	Total distribution [12 FATCA filing 13 Date requirement	or paymer	
not determined	distribution									
DAVED'S name atreet address	s, city or town, state or province, o	ountry 7IP or	toreign poetal code, and	I phone no	PAYER'S name, street addre	ss city or town state	or province, countr	rv. ZIP or foreign postal code.	and phone	
ADP RETIREME	ENT SERVICES 1 KEN SOLUTIONS ERN BLVD	-866-7	13-6152		ADP RETIREM	ENT SERVI NKEN SOLU ERN BLVD	CES 1-86	66-713-6152		
PAYER'S TIN	RECIPI	ENT'S TIN			PAYER'S TIN		RECIPIENT			
57-1198022	NAME AND ADDRESS OF THE OWNER, WHEN PERSON AND ADDRESS OF THE OWNER, WHEN PERSON AND ADDRESS OF THE OWNER, WHEN THE OWNER, WHE	XX-XX-		and to the	57-1198022	IA Fode (1)		(-XX-7017	Decignated	
3 Capital gain (included in box 2a)	4 Federal income tax wi	thheld 5 E	mployee contributions/Designoth contributions or insuran	gnated ce premiums	3 Capital gain (included in box 2a)	4 Federal inc	ome tax withhe	5 Employee contributions/ Roth contributions or ins	urance premi	
	ls 0.		0.00		\$ 0.00	s	0.00	s 0.0	00	
6 Net unrealized appreciation	\$ O.1		Other Other	1 %	6 Net unrealized appreciation	7 Distribution			1 %	
in employer's securities	2.52.52.501.0500(0)	IRA/ SEP/ SIMPLE			in employer's securities		code(s) IR. SE SIMI	PLE		
0.00	G	\$	0.00		\$ 0.00	G		\$ 0.00		
a Your percentage of total di	stribution 9b Tota	employee	contributions		9a Your percentage of total of	distribution	9b Total em	ployee contributions		
							1		44-1	
	% \$		0.00				% \$	0.00		
Recipient's name, street address (incl	uding apt. no.), city or town, state of	r province, cou	untry, and Zip or foreign p	ostal code	Recipient's name, street address (in	cluding apt. no.), city of	r town, state or prov	vince, country, and Zip or forei	gn postal co	
BANDARUPALL 15503 VANCE	I SAICHAND JACKSON ROAD	APT 32	:18		BANDARUPALL 15503 VANCE			3218		
SAN ANTONIO					SAN ANTONIO	TX 78249				
Account number (see instruc.		Roth contrib. 10	Amount allocable to IRR wi	ithin 5 years	Account number (see instruction 20240113210300		1st year of desig. Roth cor	ntrib. 10 Amount allocable to IF	R within 5 ye	
202401132103000		\$ 100	State dietribution		14 State tax withheld	15 State/Pay	ar's state no	\$ 16 State distribution	1	
14 State tax withheld 0.00	15 State/Payer's state n TX571198022	0. 16	State distribution 0.	00	\$ 0.00		198022	\$	0.00	
17 Local tax withheld	18 Name of locality		19 Local distribution		17 Local tax withheld					
to reality		s	\$		\$			\$		
Copy C For Rec	ipient's Record	S	Department of the	Service	Copy B Report this federal tax return. If	income on y this form	our	Department of Internal Reve		

This information is being furnished to the IRS.

www.irs.gov/Form1099R

shows federal income tax withheld in box 4, attach this copy to your return. www.irs.gov/Form1099R

This information is being furnished to the IRS.