			LICOR	KEC LEL	(if checked)				OMB No. 1545-0119	
PAYER's name, street address,		1 Gross distribution	1	2b Taxable amou	nt	2017				
RETIREMENT SERVICES TCS AMERICA 550 S. 4TH STREET, N9310-096					\$ 90.59		not determined		Form 1099-R	
					2a Taxable amount \$ 0.00		Total		Distributions From	
MINNEAPOLIS, MN 55				1 1			distribution		Pensions, Annuities, Retirement or	
					3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$		Profit-Sharing Plans,	
PAYER's federal identification	n number	T		1 -	5 Employee contributions/		6 Net unrealized appreciation		IRAs, Insurance Contracts, etc.	
PAYER'S federal identification number RECIPIENT'S identification number XXX-XX-3049				11	Designated Roth contributions or		in employer's securities		This information is being	
RECIPIENT's name, street address (including apt. no.), city or town, state or province, country, and ZIP					insurance premium \$	S	\$		furnished to the Internal	
or foreign postal code	ess (including apt. no	o.), city of town, s	state or province, country, a	1 1		IRA/SEP/SIMPLE	8 Other	Т	Revenue Service	
MAYYO MADTH	IVIVI DAAD TUUD	ALICINI ANI ANI		1 1	7 Distribution code(s) G	I CV SELT/SIMI EE	\$	%	COPY B	
[[[[]]]]]	IKKUMAR THIR HNSON FARM L						ol m . l		Report this Income on your federal tax return. If	
APT #40		2. 1. 1.2			9a Your percentage of total distribution		9b Total employee contributions		this form shows federal	
CHADD	S FORD, PA 193	317			%		\$		income tax withheld in	
					12 State tax withheld		13 State/Payer's state no.		box 4, attach this copy to	
10 Amount allocable to IRR within 5 years		ig. Roth contrib. FATCA filing		_ [\$		PA 18550756		your return. 14 State distribution	
		- 1	requirement		\$ 15 Local tax withheld		16 Name of locality		\$ \$	
\$	1			1 1					\s\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Account number (see instructions) Tracking # 65000011815468T2					\$			17 Local distribution		
00000TCS 65000011815468T2 FORM 1099-R www.irs.gov/form1099r					S Department of the Treasury - Internal Revenue Service			\$		
1 0.7 m 1997-K	W	w.ns.gov/torm				e Treasury - Interna	u Kevenue Service		\$	
			COR	RECTED	(if checked)					
PAYER's name, street address,	city or town, state or	province, country	, and ZIP or foreign postal		1 Gross distribution	1	2b Taxable amour	nt	OMB No. 1545-0119	
RETIREMENT SERVICES					\$ 90.59		not determined		2017	
TCS AMERICA	TCS AMERICA						Total		Form 1099-R	
550 S. 4TH STREET, N9310-096 MINNEAPOLIS, MN 55415-1529 PAYER's federal identification number RECIPIENT'S identification number					\$ 0.00		distribution	\times	Distributions From	
					3 Capital gain (included in box 2a)		4 Federal income tax withheld		Pensions, Annuities, Retirement or	
					\$		\$		Profit-Sharing Plans,	
					5 Employee contributions/		6 Net unrealized a		IRAs, Insurance	
41-6257133 XXX-XX-3049					Designated Roth contributions or insurance premiums		in employer's securities		Contracts, etc. This information is being	
RECIPIENT's name, street address (including apt. no.), city or town, state or province, country, and ZIP					\$			furnished to the Internal		
or foreign postal code					7 Distribution	IRA/SEP/SIMPLE	8 Other		Revenue Service	
KARTHIKKUMAR THIRUGNANAM 7400 JOHNSON FARM LANE					code(s) G	Tables and the same of the sam	\$	%	COPY C	
					9a Your percentage	of total	9b Total employed	e		
		APT #408					contributions			
APT #40	8	100			distribution				For Recipient's	
APT #40		317			%	The state of the s	\$		For Recipient's Records.	
APT #40	8	317			% 12 State tax withhe	ld	\$ 13 State/Payer's st	ate no.		
APT #40	8		FATCA filing	-	% 12 State tax withhe \$	ld	\$	ate no.	Records.	
APT #40 CHADD 10 Amount allocable to IRR within 5 years	8 S FORD, PA 193		FATCA filing requirement		% 12 State tax withhe \$		\$ 13 State/Payer's st PA 18550756		Records.	
APT #40 CHADD 10 Amount allocable to IRR within 5 years \$	8 S FORD, PA 193	ig. Roth contrib.			% 12 State tax withhe \$ \$ 15 Local tax withhe		\$ 13 State/Payer's st		Records. 14 State distribution \$	
APT #40 CHADD 10 Amount allocable to IRR within 5 years	8 S FORD, PA 193		requirement		% 12 State tax withhe \$ \$ 15 Local tax withhe \$		\$ 13 State/Payer's st PA 18550756		Records. 14 State distribution \$ \$ 17 Local distribution	
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