		CORRI	ECTED (if checked)			
PAYER'S name, street address, city o		ce, country,	1 Gross distribution	OMB No. 1545-0119		Distributions From Pensions, Annuities,
ZIP or foreign postal code, and phone no. PRINCIPAL BANK PO BOX 9351			\$ 1,491,59	. ഒര 4 ര		Retirement or
			2a Taxable amount			Profit-Sharing Plans, IRAs,
DES MOINES, IA 50306-9351				Form 1099-R		Insurance
			\$	roilli 1033-N		Contracts, etc.
. "			2b Taxable amount not determined	Total		Copy B Report this
			not determined	distribution	X	income on your federal tax
PAYER'S TIN RECIPIENT'S TIN			3 Capital gain (included in box 2a)	4 Federal income tax w	ithheld	return. If this
42-1466678 XXX-XX-6720			\$	\$		form shows federal income tax withheld in
RECIPIENT'S name, street address (including apt. no.), city or town,			5 Employee contributions/Designated Roth	h 6 Net unrealized appreci	ation in	tax withheld in
state or province, country, and ZIP or foreign postal code SRINIVASULU R MALAPATI 717 TALL OAKS BLVD APT 13			contributions or insurance premiums	employer's securities		box 4, attach this copy to
			5	\$		your return.
			7 Distribution code(s) IRA/ SEP/	8 Other		This information is
AUBURN HILLS, MI 48326-3277			G SIMPLE X	\$	%	being furnished to
			9a Your percentage of total	9b Total employee contr	ributions	the IRS.
			distribution o	% \$		
10 Amount allocable to IRR	11 1st year of	FATCA filing	12 State tax withheld	13 State/Payer's stat	e no	14 State distribution
within 5 years	desig. Roth contrib.	requirement	The State tax Willington	13 State/Tayer s stat	6 110.	
\$			\$	MI / 42-1466678		\$
Account number (see instructions) 00010502511501		Date of Payment	15 Local tax withheld	16 Name of locality	-	17 Local distribution
TRACKING #: 19265029T1			\$			\$
Form 1099-R	**************************************	www.irs.a	ov/Form1099R	Department of	of the Treas	ury - Internal Revenue Service
	т	T0000	CTCD /:f -bll\			
Caweno.		CONTRACTOR OF THE PARTY OF THE	CTED (if checked)		ı	Distributions From
PAYER'S name, street address, city of ZIP or foreign postal code, and phon		ce, country,	1 Gross distribution	OMB No. 1545-0119		Pensions, Annuities,
PRINCIPAL BANK			\$ 1,491.59	_ എെ 4 0		Retirement or Profit-Sharing
PO BOX 9351			2a Taxable amount			Plans, IRAs,
DES MOINES, IA 50306-9351			\$	Form 1099-R		Insurance
				101111 1000-11	Ь——	Contracts, etc.
			2b Taxable amount not determined	Total		
			not determined	distribution	X	Copy C
PAYER'S TIN	RECIPIENT'S TIN		3 Capital gain (included in box 2a)	4 Federal income tax	withheld	\
42-1466678 XXX-XX-6720			\$	\$	1	For Recipient's
RECIPIENT'S name, street address (in	cluding apt. no.), city o	r town,	5 Employee contributions/Designated Roth	h 6 Net unrealized appreci	ation in	Records
state or province, country, and ZIP or	foreign postal code		contributions or insurance premiums	employer's securities		
SRINIVASULU R MALAPATI			7	\$		
717 TALL OAKS BLVD APT 13 AUBURN HILLS, MI 48326-3277			7 Distribution code(s) IRA/ SEP/	8 Other		This information is
			G SIMPLE X	\$	%	being furnished to
			9a Your percentage of total	9b Total employee contr	ributions	the IRS.
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10 Amount allocable to IRR	11 1st year of	FATCA filing	12 State tax withheld	13 State/Payer's state	e no	14 State distribution
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\$			\$	MI / 42-1466678		\$
Account number (see instructions) 00010502511501		Date of Payment	15 Local tax withheld	16 Name of locality	- 1	17 Local distribution
TRACKING #: 19265029T1			\$			\$
	for your records.)	www.irs.g	ov/Form1099R	Department of	of the Treas	ury - Internal Revenue Service
and the second state of th		- 0				
	т	Toons	CTED (if about all			
DAVENC			CTED (if checked)	Taua		Distributions From
PAYER'S name, street address, city of ZIP or foreign postal code, and phone		e, country,	1 Gross distribution	OMB No. 1545-0119		Pensions, Annuities,
PRINCIPAL BANK PO BOX 9351			\$ 1,491.59	୬⋒ 1 0		Retirement or Profit-Sharing
			2a Taxable amount			Plans, IRAs,
DES MOINES, IA 50306-9351			s	Form 1099-R	_	Insurance Contracts, etc.
7.			2b Taxable amount	1 101111 1000-11	Т	
			not determined	Total	I	Copy 2
				distribution	X	File this copy
PAYER'S TIN RECIPIENT'S TIN			3 Capital gain (included in box 2a)	4 Federal income tax	withheld	with your state,
42-1466678	XXX-XX-6720		\$	\$	city, or local	
RECIPIENT'S name, street address (including apt. no.), city or town,			5 Employee contributions/Designated Roth	6 Net unrealized apprecia	ation in	income tax
state or province, country, and ZIP of	toreign postal code		contributions or insurance premiums	employer's securities		return, when required.
SRINIVASULU R MALAPATI			7 Distribution code(s) IRA/	\$ Other		
717 TALL OAKS BLVD APT 13			SEP/	8 Other		
			G SIMPLE Y	\$	%	
AUBURN HILLS, MI 48326-3277	10 2		G SIMPLE X	1 3	70	
AUBURN HILLS, MI 48320-3277	- Taj - F		9a Your percentage of total	9b Total employee contr	ributions	
AUDURN HILLS, MI 46320-3277	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		9a Your percentage of total distribution	9b Total employee contr	ributions	
		FATCA filing	9a Your percentage of total distribution	9b Total employee contr % \$		14 State dietribution
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	FATCA filing requirement	9a Your percentage of total distribution	9b Total employee contr		14 State distribution
10 Amount allocable to IRR within 5 years	11 1st year of	requirement	9a Your percentage of total distribution % 12 State tax withheld \$	9b Total employee control \$ 13 State/Payer's state MI / 42-1466678	e no.	\$
10 Amount allocable to IRR within 5 years	11 1st year of	FATCA filing requirement Date of Payment	9a Your percentage of total distribution	9b Total employee control \$ 13 State/Payer's state	e no.	