

CORRECTED (if checked)

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|--|-------------------------------------|---|--|--|---|--|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. PRINCIPAL LIFE INSURANCE CO 711 HIGH STREET DES MOINES, IA 50392-0001 | | | 1 Gross distribution \$ 1,542.03 | OMB No. 1545-0119 2018 Form 1099-R | | Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. |
| | | | 2a Taxable amount \$ 0.00 | | | |
| | | | 2b Taxable amount not determined <input type="checkbox"/> | Total distribution <input checked="" type="checkbox"/> | | 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. This information is being furnished to the IRS. |
| PAYER'S TIN 42-0127290 | RECIPIENT'S TIN XXX-XX-6720 | | 3 Capital gain (included in box 2a) \$ | 4 Federal income tax withheld \$ | | |
| RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code SRINIVASULU S MALAPATI 717 TALL OAKS BLVD APT 13 AUBURN HILLS, MI 48326 | | | 5 Employee contributions/Designated Roth contributions or insurance premiums \$ | 6 Net unrealized appreciation in employer's securities \$ | | |
| | | | 7 Distribution code(s) G IRA/SEP/SIMPLE <input type="checkbox"/> | 8 Other \$ % | | |
| | | | 9a Your percentage of total distribution % | 9b Total employee contributions \$ | | |
| 10 Amount allocable to IRR within 5 years \$ | 11 1st year of desig. Roth contrib. | FATCA filing requirement <input type="checkbox"/> | 12 State tax withheld \$ | 13 State/Payer's state no. MI / 42-0127290 | | 14 State distribution \$ 0.00 |
| Account number (see instructions) 450303 | | Date of Payment | 15 Local tax withheld \$ | 16 Name of locality | | 17 Local distribution \$ |
| TRACKING #: 17772568T3 | | | | | | |
| Form 1099-R | | | www.irs.gov/Form1099R | | Department of the Treasury - Internal Revenue Service | |

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| | | | 2a Taxable amount \$ 0.00 | | | |
| | | | 2b Taxable amount not determined <input type="checkbox"/> | Total distribution <input checked="" type="checkbox"/> | | Copy 2 File this copy with your state, city, or local income tax return, when required. |
| PAYER'S TIN 42-0127290 | RECIPIENT'S TIN XXX-XX-6720 | | 3 Capital gain (included in box 2a) \$ | 4 Federal income tax withheld \$ | | |
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