		THE RESERVE OF THE PERSON NAMED IN	CTED (if checked)		Distributions From
PAYER'S name, street address, city of ZIP or foreign postal code, and phon		e, country,	1 Gross distribution	OMB No. 1545-0119	Pensions, Annuities,
PRINCIPAL LIFE INSURANCE CO 711 HIGH STREET			\$ 1,542.03	୬ଲ1♀	Retirement or Profit-Sharing
			2a Taxable amount	<u> </u>	Plans, IRAs, Insurance
DES MOINES, IA 50392-0001			\$ 0.00	Form 1099-R	Contracts, etc.
			2b Taxable amount		Copy B
			not determined	Total distribution X	Report this
ALCONO TIL	DECIDIENT/C TIN		3 Capital gain (included in box 2a)	4 Federal income tax withh	federal tax
AYER'S TIN	RECIPIENT'S TIN				form shows
2-0127290	XXX-XX-6720		\$	\$	federal income
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 employer's securities	box 4, attach this copy to
			\$	\$	your return.
			7 Distribution code(s) IRA/	8 Other	
			G SEP/ SIMPLE	•	This information is being furnished to
100011111111111111111111111111111111111				9b Total employee contribut	Alea IDC
			9a Your percentage of total distribution	3D Total employee contribut	ions
			%	\$	
Amount allocable to IRR	11 1st year of	FATCA filing requirement	12 State tax withheld	13 State/Payer's state no	o. 14 State distribution
within 5 years	desig. Roth contrib.	requirement	¢	MI / 42-0127290	\$ 0.00
equat number (equipatrustions)	January of the same of the sam	Date of	15 Local tax withheld	16 Name of locality	17 Local distribution
ccount number (see instructions) 50303		Payment		10 110	
RACKING #: 17772568T3			\$	Descriptions of the	##   \$  e Treasury - Internal Revenue Service
rm <b>1099-R</b>		www.irs.g	ov/Form1099R	Department or in	e Treasury - Internal nevenue Service
	T	CORRE	CTED (if checked)		
AYER'S name, street address, city	or town, state or province	-	1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities,
P or foreign postal code, and pho-	ne no.	sv st 120.		0040	Retirement or
RINCIPAL LIFE INSURANCE	CO		\$ 1,542.03	2(0) <b>18</b>	Profit-Sharing
11 HIGH STREET			2a Taxable amount		Plans, IRAs, Insurance
DES MOINES, IA 50392-0001			\$ 0.00	Form <b>1099-R</b>	Contracts, etc.
			2b Taxable amount		
			not determined	Total distribution	00
AYER'S TIN	RECIPIENT'S TIN		3 Capital gain (included in box 2a)	4 Federal income tax wit	- COPY C
ATEN 3 TIIN	MEGITIENT 5 TIN				For Recipient's
2-0127290	XXX-XX-6720		\$	\$	Records
ECIPIENT'S name, street address ( tate or province, country, and ZIP of	including apt. no.), city o	r town,	5 Employee contributions/Designated Roth contributions or insurance premiums	6 Net unrealized appreciatio employer's securities	n in
SRINIVASULU S MALAPATI	n loreign postar code		\$	\$	
17 TALL OAKS BLVD APT 13			7 Distribution code(s) IRA/	8 Other	
AUBURN HILLS, MI 48326			G SEP/		This information is being furnished to
Tobola ( III DDS, III 10020				\$	the IDC
			9a Your percentage of total distribution	9b Total employee contribu	tions
			%	\$	WC-120-
Amount allocable to IRR	11 1st year of	FATCA filing requirement	12 State tax withheld	13 State/Payer's state n	o. 14 State distribution
within 5 years	desig. Roth contrib.	requirement	s	MI / 42-0127290	\$ 0.00
S Account number (see instructions)		Date of	15 Local tax withheld	16 Name of locality	17 Local distribution
50303		Payment	. Local tax withheld	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
TRACKING #: 17772568T3			[\$		
rm <b>1099-R</b> (Kee	p for your records.)	www.irs.g	ov/Form1099R	Department of tr	e Treasury - Internal Revenue Servic
	T	CORRI	CTED (if checked)		
AYER'S name, street address, city	or town, state or province	THE RESERVE OF THE PERSON NAMED IN	1 Gross distribution	OMB No. 1545-0119	Distributions From
ZIP or foreign postal code, and phone no. PRINCIPAL LIFE INSURANCE CO 711 HIGH STREET DES MOINES, IA 50392-0001			w salasata ta	0040	Pensions, Annuities Retirement or
			\$ 1,542.03	22(0) 18	Profit-Sharing
			2a Taxable amount		Plans, IRAs Insurance
			\$ 0.00	Form <b>1099-R</b>	Contracts, etc
			2b Taxable amount		Copy 2
			not determined	Total distribution	Copy 2
PAYER'S TIN	RECIPIENT'S TIN		3 Capital gain (included in box 2a)	4 Federal income tax wit	hheld File this cop
					with your state
2-0127290	XXX-XX-6720		\$	\$	income ta
ECIPIENT'S name, street address tate or province, country, and ZIP	including apt. no.), city or foreign postal code	or town,	5 Employee contributions/Designated Roth contributions or insurance premiums	6 Net unrealized appreciation employer's securities	n in return, when
SRINIVASULU S MALAPATI	coroign poster code		\$	\$	required
17 TALL OAKS BLVD APT 13			7 Distribution code(s) IRA/	8 Other	į.
AUBURN HILLS, MI 48326			G SIMPLE		0/
102 0111 1112200 1111 10020				\$	<u>%</u>
			9a Your percentage of total distribution	9b Total employee contribu	tions
	88	n	%	\$	
10 Amount allocable to IRR	11 1st year of	FATCA filing	12 State tax withheld	13 State/Payer's state n	o. 14 State distribution
within 5 years	desig. Roth contrib.	requirement	2	MI / 42-0127290	\$ 0.00
\$		Data of	15 Local tax withheld	16 Name of locality	17 Local distribution
Account number (see instructions) Date of Payment		I Date Of	15 Local tax withheld	I In Ivalle of locality	Local distribution
450303		Payment	10 Eocal tax Withheld		1
450303 FRACKING #: 17772568T3	4		\$		\$