

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.

NATIONWIDE TRUST CO FSB A DIV OF NW BANK
PPA ADMIN SUPPORT
PO BOX 183046
COLUMBUS, OH 43218
800-772-2182

PAYER'S TIN

RECIPIENT'S TIN

31-1592130

***-**-3251

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code.

RATNA AKULA

1851 KNIGHTSBRIDGE RD 1217

FARMERS BRANCH, TX 75234

10 Amount allocable to IRR within 5 years

11 1st year of design Roth contrib 2017

FATCA filing requirement

Account number (see instructions)
410638672800R0269610

Date of payment

1 Gross distribution

\$53,467.61

2a Taxable amount

2b Taxable amount not determined

3 Capital gain (included in box 2a)

5 Employee contributions/ Designated Roth contributions or insurance premiums
\$39,921.00

7 Distribution code(s) IRA/SEP/ SIMPLE

H

9a Your percentage of total distribution

12 State tax withheld

15 Local tax withheld

OMB No. 1545-0119

2019

Form 1099-R

Total distribution X

4 Federal income tax withheld

6 Net unrealized appreciation in employer's securities

8 Other

9b Total employee contributions

13 State/Payer's state no

TX

16 Name of locality

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy 2

File this copy with your state, city, or local income tax return, when required.

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

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