

PAYER'S Name, Street Address, City, State, and ZIP code
TEXAS MUNICIPAL RETIREMENT SYSTEM
P.O. BOX 149153
AUSTIN TX 78714-9153

0001

RECIPIENT'S Name and Address

0039439 01 SP 0.500 **SNGLP T3 0 0196 77584-397327 -C01-P39478-I

HARIHARASUDHAN SHANMUGAM
3727 CIBOLO CT
PEARLAND, TX 77584-3973



1 Gross distribution \$ 1172.30		2a Taxable amount \$ 0.00		OMB No. 1545-0119 2019 Form 1099-R: Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. <small>This information is being furnished to the IRS</small>	
2b Taxable amount not determined		Total distribution			X
3 Capital gain (included in Box 2a) \$		4 Federal income tax withheld \$			
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	8 Other \$		COPY C For Recipient's Records	
9a Your percentage of total distribution %		9b Total employee contributions \$			
12 State tax withheld \$		13 State/Payer's state no.			14 State distribution \$
15 Local tax withheld \$		16 Name of locality		17 Local distribution \$	

Customer service phone number 1-800-924-8677	10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	FATCA filing requirement <input type="checkbox"/>
PAYER'S TIN 74-6000173	RECIPIENT'S TIN XXX-XX-6740	Account Number (see instructions) R 0000543531	Date of payment

FORM 1099-R (keep for your records)

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

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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	8 Other \$		COPY 2 File this copy with your state, city, or local income tax return, when required.	
9a Your percentage of total distribution %		9b Total employee contributions \$			
12 State tax withheld \$		13 State/Payer's state no.			14 State distribution \$
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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	8 Other \$		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.	
9a Your percentage of total distribution %		9b Total employee contributions \$			
12 State tax withheld \$		13 State/Payer's state no.			14 State distribution \$
15 Local tax withheld \$		16 Name of locality		17 Local distribution \$	

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0196-01-00-0039439-0001-0039527

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