	PAYER'S Name, Street Address, City, State, and ZIP code TEXAS MUNICIPAL RETIREMENT SYSTEM P.O. BOX 149153 AUSTIN TX 78714-9153							1 Gross distribution \$ 1172.30 2b Taxable amount not determined			2a Taxable amount \$ 0.00 Total distribution X			OMB No. 1545-0119 2019 Form 1099-R Distribution From Pensions		
															3 Capital gain (included in Box 2a)	
															\$	
					0001			5 Employee contributions/ Designated Roth contributions or insurance			6 Net unrealized appreciation in employer's securities			Insuranc Contracts, etc		
		RECIPIENT'S Name and Address							premiums						This information is bein furnished to the IR	
	0039439 01 SP 0.500 **SNGLP T3 0 0196 77584-397327 -C01-P39478-I							\$ 7 Distribution IRAY, 8 O			\$ ther		-	idiffished to the in		
	սրովիրիցիկիկոնեցիինիոլինորիներինկոնից							7 Distribution IRA/ code(s) IRA/ SEP/ SIMPLE 8 O		o Ou				COPY C		
	HARIHARASUDHAN SHANMUGAM							G		\$			%	For		
	3727 CIBOLO CT PEARLAND, TX 77584-3973							9a Your perce total distril	entage of bution		9b Total employee of	contributio	ns	Recipient's		
	TELLINE, IN 17881 8378									%	\$			Records		
									vithheld		13 State/Payer's state	no. 1	4 Sta	te distribution		
	(Ot				las a second	. D. ()	04 5	\$				9				
	Customer service photo 1-800-924-86		10 Amount alle	ocable to IRR within 5 years	contrib.		CA filing irem ent	15 Local tax v	vithheld		16 Name of locality			cal distribution		
	PAYER'S TIN	RECIPIE	1	Account Number (se	e instructions)											
	74-6000173		XX-6740	R 000054				\$				1				
	FORM 1099-R (kee	p for your re	ecords)		www.irs.	gov/Form1099	9R				Department of the	e Treasury	y - Int	ernal Revenue Service		
	PAYER'S Name	, Street A	Address, (City, State, and Z	IP code			1 Gross distri	bution		2a Taxable amount		T	OMB No. 1545-0119		
	TEXAS MUNICIPAL RETIREMENT SYSTEM							\$ 1	172.30		\$ 0.0	00		2019		
	P.O. BOX 14 AUSTIN TX 7			2b Taxable a		T	Total	1	X	Form 1099-F Distribution						
									nined n		distribution 4 Federal income			From Pensions		
									Box 2a)	withheld \$ 6 Net unrealized appreciation			Annuities Retirement o Profit-Sharin Plans, IRAs			
	0001 RECIPIENT'S Name and Address							5 Employee contributions/ Designated Roth contributions or insurance premiums				n				
											in employer's securities			Insurance		
	HARIHARASUDHAN SHANMUGAM 3727 CIBOLO CT							\$			\$			Contracts, etc		
								7 Distribution code(s)	IRA/ SEP/	8 Oth	ner		COPY 2			
	PEARLAND, T		34-3973					G	SIMPLE	\$		× 311 0	%	File this cop		
								9a Your perce	entage of		9b Total employee o	<u> </u>		with your state		
								total distril	oution					income tax return		
								42 04-4- 4	:41-1-1-1	%	\$		1.01	when required		
					•			12 State tax v	vitrineia		13 State/Payer's state	no.	4 518	tie distribution		
	Customer service pho	ne number	10 Amount allo	ocable to IRR within 5 years	11 1st year of des	sig. Roth FATO	CA filing irement	\$				\$				
	1-800-924-86 PAYER'S TIN	77 RECIPIE	\$	Account Number (se	inetructions)] [15 Local tax v	vithheld		16 Name of locality	1	7 Loc	cal distribution		
41	74-6000173		(X-6740	R 000054		Date of pay	yiiieiii	\$				9	\$			
	FORM 1099-R				www.irs.	gov/Form1099	9R		se annue		Department of the	e Treasury	y - Int	ernal Revenue Servic		
	PAYER'S Name, Street Address, City, State, and ZIP code TEXAS MUNICIPAL RETIREMENT SYSTEM P.O. BOX 149153								bution		2a Taxable amount			OMB No. 1545-0119 2019 Form 1099-R		
									\$ 1172.30		\$ 0.00					
	AUSTIN TX 78714-9153								2b Taxable amount not determined		Total distribution			Distribution: From Pensions Annuities Retirement o		
								3 Capital gain (included in Box 2a)			4 Federal income tax		\neg			
								\$ 5 Employee contributions/ Designated Roth contributions or insurance			withheld \$ 6 Net unrealized appreciation in employer's securities			Profit-Sharing Plans, IRAs Insurance Contracts, etc		
ŧ													n			
	RECIPIENT'S Name and Address							contributior premiums	ns or insura	in employer a sec			This information is bein furnished to the IR			
ĝ 6	HARIHARASUDHAN SHANMUGAM							\$	TIDA/ T	0.00	\$	Т	_	iditioned to the in		
×	3727 CIBOLO CT PEARLAND, TX 77584-3973							7 Distribution IRA/ code(s) IRA/ SEP/ SIMPLE 8 O			Her			COPY B		
								G \$		\$			%	Report this income o your federal tax return.		
								9a Your percentage of total distribution %			9b Total employee contributions		ns	this form shows federa income tax withheld i		
														box 4, attach this cop to your return		
								12 State tax withheld			1 -		4 Sta	te distribution		
								\$			\$					
	Customer service phone number 10 Amount allocable to IRR within 5 years 11 1st year of desig. Roth contrib. FATCA filing requirement						15 Local tax withheld						cal distribution			
	PAYER'S TIN	RECIPIE		Account Number (se	L e instructions)		-				,			Joan distribution		
	74-6000173	XXX-X	(X-6740	R 0000543	531			\$					\$			

FORM 1099-R

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