

CORRECTED (if checked)

1-800-359-5593

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. MASSACHUSETTS MUTUAL LIFE INSURANCE CO MASSMUTUAL RETIREMENT SERVICES PO BOX 219062 KANSAS CITY, MO 64121-9062			1 Gross distribution \$59,512.44	OMB No. 1545-0119 2019 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S TIN 04-1590850			2a Taxable amount \$0.00		
RECIPIENT'S TIN ***-**-6740			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.
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code M227 HARIHARASU SHANMUGAM 4315 GLENIRISH DR KATY, TX 77494			3 Capital gain (included in box 2a)	4 Federal income tax withheld	
10 Amount allocable to IRR within 5 years			5 Employee contributions/Designated Roth contributions or insurance premiums		This information is being furnished to the IRS.
11 1st year of desig. Roth contrib.			6 Net unrealized appreciation in employer's securities		
FATCA filing requirement <input type="checkbox"/>			7 Distribution code(s) <input checked="" type="checkbox"/> IRA / SEP / SIMPLE <input type="checkbox"/>		14 State distribution
Account number (see instructions) FL 51273 031952			8 Other %		
Date of payment			9a Your percentage of total distribution %		17 Local distribution
0510			9b Total employee contributions %		
15 Local tax withheld			12 State tax withheld		13 State/Payer's state no. TX/041590850
16 Name of locality			13 State/Payer's state no.		

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury-Internal Revenue Service

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