		L	CORRECTED (if	checked) '		1-800-359-5	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		OMB No. 1545-0119	Distributio	na Erom Danaiana	
				\$59,512.44	2019	Annuities	ns From Pensions,	
			2a Taxable amount	80.00	Form 1099-R		ing Plans, IRAs, Contracts, etc.	
			2b Taxable amount not	\$0.00	Total distribution	-	Copy B	
			determined			X	Report this income	
			3 Capital gain (included	ed in box 2a)	4 Federal income tax withheld		on your federal tax return. If this form	
PAYER'S TIN 04-1590850 RECIPIENT'S name, street address, city or town, state or province,			5 Employee contributions/Designated Roth contributions or insurance premiums		Net unrealized appreciation in employer's securities		shows federal income tax withheld in box 4, attach this	
country, and ZIP or foreign postal code M227 HARIHARASU SHANMUGAM 4315 GLENIRISH DR KATY, TX 77494			7 Distribution code(s) IRA / SEP / G SIMPLE		8 Other		copy to your return.	
			G 9a Your percentage of to	IRA / SEP / SIMPLE	9b Total employee contributions	%	This information is being furnished to the IRS.	
			9a Your percentage of to	%	b Total employee contributions			
			12 State tax withheld		13 State/Payer's state no.		14 State distribution	
					TV/041500950		Two to the	
			_ 15 Local tax withheld		TX/041590850 16 Name of locality		17 Local distribution	
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	FATCA filing requirement] Is Local tax withheld		I value of locality		17 Local distribution	
Account number (see instructions)	0510	Date of payment			1			
FL 51273 031952 Form 1099-R	ww.irs.gov/Form1099R		Department of the Treasury-Internal Revenue Service		Revenue Service			
						.,		
							The second second	
L			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.			1 Gross distribution	\$59 512 44 Di		Distributio	istributions From Pensions,	
MASSACHUSETTS MUTUA MASSMUTUAL RETIREME	2a Taxable amount	Ψ00,012.44	2019	Annuities,	es, Retirement or naring Plans, IRAs, se Contracts, etc.			
PO BOX 219062		\$0.00	Form 1099-R					
KANSAS CITY, MO 64121-9062			2b Taxable amount not		Total distribution	X	Сору С	
			determined 3 Capital gain (included	in box 2a)	4 Federal income tax withheld		For Recipient's Records	
PAYER'S TIN	The second secon	,						
04-1590850	5 Employee contributions/Designated Roth contributions or insurance		6 Net unrealized appreciation in employer's securities					
RECIPIENT'S name, street address, c country, and ZIP or foreign postal code	premiums							
M227 HARIHARASU SHANMUGAM 4315 GLENIRISH DR KATY, TX 77494			7 Distribution code(s)	IRA / SEP / SIMPLE	8 Other	%	This information is being furnished to	
			9a Your percentage of to		9b Total employee contributions		the IRS.	
			12 State tax withheld	%	13 State/Payer's state no. 14 Sta		14 State distribution	
			12 State tax withheld				14 State distribution	
					TX/041590850			
10 Amount allocable to IRR within	11 1st year of desig.	FATCA filling	15 Local tax withheld		16 Name of locality		17 Local distribution	
5 years Account number (see instructions)	Roth contrib. requirement							
FL 51273 031952	0510	Date of payment						
Form 1099-R	(keep for your reco	rds)	www.irs.gov/Form10	99R	Department of the Treasu	ıry-Internal F	Revenue Service	
			CORRECTED (if	checked)		1-800-359-5	5593	
PAYER'S name, street address, city or	1 Gross distribution							
country, ZIP or foreign postal code, an MASSACHUSETTS MUTUA		\$59,512.44	2019		tions From Pensions, es, Retirement or haring Plans, IRAs, ce Contracts, etc.			
MASSMUTUAL RETIREME PO BOX 219062	2a Taxable amount	#0.00		Profit-Sha				
KANSAS CITY, MO 64121-9062			2b Taxable amount not	\$0.00	Form 1099-R Total distribution		Copy 2	
			determined	L		X	File this copy	
		3 Capital gain (included	in box 2a)	4 Federal income tax withheld		with your state, city, or local		
PAYER'S TIN RECIPIENT'S TIN 04-1590850 ***-**-6740			5 Employee contributions/Designated Roth contributions or insurance premiums 7 Distribution code(s) IRA / SEP /		6 Net unrealized appreciation in employer's securities 8 Other		income tax return, when	
RECIPIENT'S name, street address, c	required.							
country, and ZIP or foreign postal code M227								
HARIHARASU SHANMUGA 4315 GLENIRISH DR	G 9a Your percentage of t	SIMPLE	9b Total employee contributions	%				
KATY, TX 77494		%	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	12 State tax withheld 15 Local tax withheld		13 State/Payer's state no. TX/041590850 16 Name of locality		14 State distribution			
,								
40 Amount allocable to ISS with					17 Local distribution			
10 Amount allocable to IRR within 5 years	FATCA filing requirement	15 Local tax withheld		16 Name of locality		17 Local distribution		
Account number (see instructions) FL 51273 031952	Date of payment							