

<input type="checkbox"/> CORRECTED (if checked)					
PAYER'S TIN 04-6568107	RECIPIENT'S TIN xxx-xx-2356	1 Gross distribution \$28,500.00	OMB No. 1545-0119 2020	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S name, street address, city, state, and ZIP code FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS CO. 100 MAGELLAN WAY KW1C COVINGTON, KY 41015-1987 75577 1-800-425-2363 SAVINGS PLUS PLAN			2a Taxable amount \$7.11	Form 1099-R	
			2b Taxable amount <input type="checkbox"/> not determined	Total distribution	
			3 Capital gain (included in box 2a) \$0.00	4 Federal income tax withheld \$0.00	
			5 Employee contrib/design Roth contrib or insurance premiums \$28,492.89	6 Net unrealized appreciation in employer's securities \$0.00	
			7 Distribution code(s) G	8 Other <input type="checkbox"/>	
			9a Your percentage of total distribution <input type="checkbox"/>	9b Total employee contributions \$0.00	
			14 State tax withheld \$0.00	15 State/Payer's state no. CA 80275704	16 State distribution \$0.00
Account number (see instructions) 20210109032100261781			11 1st year of desig Roth contrib. <input type="checkbox"/>	12 FATCA filing requirement <input type="checkbox"/>	10 Amount allocable to IRR within 5 years \$0.00
Form 1099-R					
Department of the Treasury - Internal Revenue Service					



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Copy 2
File this copy with your state, city, or local income tax return, when required

Copy 3
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. This information is being furnished to the Internal Revenue Service.