| For the year Jan. 1-Dec. 31, 2023, or other tax year  |  |  | r beginning  |  | , 2023, end   | 2023, ending   |                                 | _ , 20                                      | See  | separat          | te instru | etions         |
|---|--|--|--|--|---|--|---------------------------------|---|--|------------------|-----------|----------------|
| Your first nam  | e and middle ini   | tial   | Last nami  | ę  |   |  |                                 | Your so                                     | ial e  | gastrit.         | - 1       | ) AP           |
| if joint return, s  | spouse's first nam   | e and middle in  | itial Last name  | e  |   |  |                                 | Spouse's                                    | soci   | al secu          | rity nu   | mber           |
| Home address  | f- · ·   | · · · ve a f   | P.O. box, see instr  | ructions.  | <i>*</i>  | Арт. по.   |                                 | Presider<br>Check here                      |  |                  | Cam       | paign          |
| City town month.  |  |  | omplete spaces below   | v. State   | - ' -   | code   | <u></u>                         | spouse if fil<br>\$3 to go to<br>Checking a | this fur<br>box be                           | id.<br>Ilow will |           |                |
| roreign count   | ry name  | Foreign pr   | ovince/state/co  | unty   | Foreign   | postal   | code                            | not change<br>refund.                       |  |                  | use       |                |
| Status  | you checked the<br>ame if the qualify<br>At any time dur<br>property or sen  | MFS box, entering person is a ing 2023, did your rices); or (b) se   | Qualifying sun<br>er the name of your<br>child but not your<br>our (a) receive (<br>all, exchange, or<br>a digital asset)  | our spous<br>our depend<br>as a rewa<br>otherwise  | se. If you content:  rd, award, a dispose of  | or pay   | ment for                        |   |  | nter the         | child's   | S              |
| Standard  | Someone can cla  | aim: Youa  | s a denendent  | 1177   | านขรองเมริย   | asad   | ependen                         | t   |  |                  |           |                |
| Deduction   | Spouse item  | izes on a separ<br>You: 💹 '  | rate return or yo<br>Were born befor<br>Was born befor   | ou were a<br>re January<br>e January   | dual-status<br>/ 2, 1959  | alien<br>Are   | blind                           |   | fe   | Check the        | struction | s):            |
| Deduction  Dependents   | Spouse item  | izes on a sepai<br>You: X<br>Spouse: 1   | rate return or yo<br>Were born befo  | ou were a<br>re January<br>e January   | dual-status<br>y 2, 1959<br>2, 1959   | alien<br>Are   | blind                           |   | fe   |                  | struction | s):            |
| Dependents (see instructions):  | Spouse item  | izes on a sepai<br>You: X<br>Spouse: 1   | rate return or yo<br>Were born befor<br>Was born befor   | ou were a<br>re January<br>e January   | dual-status<br>y 2, 1959<br>2, 1959   | alien<br>Are   | blind                           |   | fe   | or (see ins      | struction | s):            |
| Dependents (see instructions):  If more than four dependents, see   | Spouse item  | izes on a sepai<br>You: X<br>Spouse: 1   | rate return or yo<br>Were born befor<br>Was born befor   | ou were a<br>re January<br>e January   | dual-status<br>y 2, 1959<br>2, 1959   | alien<br>Are   | blind                           |   | fe   | or (see ins      | struction | s):            |
| Dependents (see instructions):  If more than four dependents, see instructions and  | Spouse item  | izes on a sepai<br>You: X<br>Spouse: 1   | rate return or yo<br>Were born befor<br>Was born befor   | ou were a<br>re January<br>e January   | dual-status<br>y 2, 1959<br>2, 1959   | alien<br>Are   | blind                           |   | fe   | or (see ins      | struction | s):            |
| Dependents (see instructions): If more than four dependents, see instructions and check here  | Spouse item Age/Blindness  (1) First name  | izes on a sepai<br>You: X<br>Spouse: 1   | rate return or yo<br>Were born befor<br>Was born befor   | ou were a<br>re January<br>e January<br>(2) Si   | dual-status<br>y 2, 1959<br>2, 1959<br>ocial securit  | alien<br>Are<br>Is t                                       | blind<br>blind<br>B Relation    | ship to you                                 | fe   | or (see ins      | struction | s):            |
| Dependents (see instructions):  If more than four dependents, see instructions and check here   | Spouse item Age/Blindness  (1) First name  1a Total amounts Household  | izes on a sepai  | rate return or yo Were born before Was born before name W-2, box 1 (see in   | ou were a re January e January (2) Si  | dual-status<br>y 2, 1959<br>2, 1959<br>ocial securit  | s alien<br>Are<br>Is t<br>y no. (3                         | blind<br>blind<br>() Relation   | ship to you                                 | for Child                                    | or (see ins      | struction | s):            |
| Dependents (see instructions):  If more than four dependents, see instructions and check here []  Income  Attach Form(s)  | Spouse item Age/Blindness  (1) First name  1a Total amount Household   | izes on a separ<br>You: X<br>Spouse: 1   | rate return or yo Were born before Was born before name W-2, box 1 (see in   | nu were a re January e January (2) Si  | dual-status<br>y 2, 1959<br>2, 1959<br>poial securit  | salien<br>Are<br>Is t                                      | e blind<br>blind<br>() Relation | ship to you                                 | for Child                                    | or (see ins      | struction | s):            |
| Dependents (see instructions):  If more than four dependents, see instructions and check here Income  Attach Form(s) W-2 here. Also attach Forms  | Spouse item Age/Blindness  (1) First name  1a Total amou b Household c Tip income  | izes on a sepai<br>You: X<br>Spouse: 1   | rate return or you Were born before Was born before name W-2, box 1 (see in s not reported on line 1a (see instru  | nu were a re January e January (2) Si  | dual-status<br>y 2, 1959<br>2, 1959<br>poial securit  | salien<br>Are<br>Is t                                      | e blind<br>blind<br>() Relation | ship to you                                 | for Child                                    | or (see ins      | struction | s):            |
| Dependents (see instructions):  If more than four dependents, see instructions and check here []  Income  Attach Forms W-2 here. Also W-2 and   | Spouse item Age/Blindness  (1) First name  1a Total amou b Household c Tip income d Medicald w   | replayments of a separativer payments of a separative and | rate return or you Were born before Was born before name W-2, box 1 (see it s not reported on line 1a (see instru-   | nu were a re January e January (2) Si | dual-status y 2, 1959 2, 1959 poial securit   | salien Are Is t y no. (3                                   | e blind<br>blind<br>() Relation | ship to you                                 | 1a 1b 1c                                     | or (see ins      | struction | s):            |
| Dependents (see instructions): If more than four dependents, see instructions and check here [] Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax  | Spouse item Age/Blindness  (1) First name  1a Total amou b Household c Tip income d Medicald w e Taxable de  | izes on a separity in the separate sepa | rate return or you Were born before Was born before name W-2, box 1 (see it s not reported on line 1a (see instru- not reported on Form 2  | nu were a re January e January (2) Si | dual-status<br>y 2, 1959<br>2, 1959<br>poial securit  | s alien Are Is to serious (3                               | e blind<br>blind<br>() Relation | ship to you                                 | 1a 1b 1c 1d                                  | or (see ins      | struction | s):            |
| Dependents (see instructions):  If more than four dependents, see instructions and otheck here [Income  Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.   | Spouse item Age/Blindness  (1) First name  1a Total amou b Household c Tip income d Medicald w e Taxable de f Employer-  | rot from Form(s) vemployee wages not reported on valver payments of pendent care beconvided adoptio  | rate return or you Were born before Was born before  name  W-2, box 1 (see in s not reported on line 1a (see instru- not reported on Form 2 n benefits from Form 2 n benefits from Form 2  | nu were a re January e January (2) Si | dual-status y 2, 1959 2, 1959 pocial securit  | salien Are Ist   | e blind<br>blind<br>() Relation | ship to you                                 | 1a<br>1b<br>1c<br>1d                         | or (see ins      | struction | s):            |
| Dependents (see instructions):  If more than four dependents, see instructions and check here [Income  Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form  | Spouse item Age/Blindness  (1) First name  1a Total amou b Household c Tip income d Medicald w e Taxable de f Employer- g Wages from   | izes on a separative. Spouse:  I ast  Interpreted on raiver payments in pendent care before deprived adoption Form 8919, line  | rate return or you Were born before Was born before name W-2, box 1 (see in s not reported on line 1a (see instru- not reported on Form 2 n benefits from Form 3   | nstructions) Form(s) W-2 2441, line 2- property was a second seco | dual-status y 2, 1959 2, 1959 ocial securit   | salien Are Is t  | e blind<br>blind<br>t) Relation | ship to you                                 | 1a 1b 1c 1d 1e 1f                            | or (see ins      | struction | s):            |
| Dependents (see instructions):  If more than four dependents, see instructions and check here   | Spouse item Age/Blindness  (1) First name  1a Total amou b Household c Tip income d Medicald w e Taxable de f Employer- g Wages from h Other earne   | reported on vaiver payments on pendent care become dincome (see in terms).   | rate return or you Were born before Was born before  Mas born before  W-2, box 1 (see in s not reported on line 1a (see instru- not reported on Form 2 n benefits from Form 2 n benefits from Form 3   | nstructions) Form(s) W-2 2441, line 2:   | dual-status y 2, 1959 2, 1959 ocial securit   | salien Are Is t  | e blind<br>blind<br>t) Relation | ship to you                                 | 1a   | or (see ins      | struction | s):            |
| Dependents (see instructions):  If more than four dependents, see instructions and check here   | Spouse item Age/Blindness  (1) First name  1a Total amou b Household c Tip income d Medicald w e Taxable de f Employer- g Wages fror h Other earn i Nontaxable   | izes on a separative. Spouse:  I ast  Int from Form(s) to employee wages not reported on valver payments of pendent care beconcided adoption Form 8919, line and income (see in example) elements of the combat pay elements on the second adoption form 8919, line and income (see in example).   | rate return or you Were born before Was born before name W-2, box 1 (see in s not reported on line 1a (see instru- not reported on Form 2 n benefits from Form 3   | nstructions) Form(s) W-2 2441, line 2:   | dual-status y 2, 1959 2, 1959 ocial securit   | salien Are Is t  | e blind<br>blind<br>t) Relation | ship to you                                 | 1a<br>1b<br>1c<br>1d<br>1e<br>1f<br>1g<br>1h | or (see ins      | struction | s):            |
| Dependents (see instructions):  If more than four dependents, see instructions and check here Income  Attach Form(s): W-2 here. Also withheld. If you did not get a Form W-2, see instructions.   | Spouse item Age/Blindness  (1) First name  1a Total amou b Household c Tip income d Medicald w e Taxable de f Employer- g Wages fror h Other earn i Nontaxable z Add lines 1   | izes on a separative. Spouse:  I ast  I ast  Int from Form(s) to employee wages not reported on valver payments of pendent care beconcided adoption. Form 8919, line and income (see in combat pay elect a through 1h.   | rate return or you Were born before Was born before name  W-2, box 1 (see in s not reported on line 1a (see instru- not reported on Form 2 in benefits from Form 2 in structions) ction (see instruction)  | nstructions) Form(s) W-2 2441, line 2:   | dual-status y 2, 1959 2, 1959 ocial securit   | salien Are Ist   | e blind<br>blind<br>t) Relation | ship to you                                 | 1a<br>1b<br>1c<br>1d<br>1e<br>1f<br>1g<br>1h | or (see ins      | struction | s):            |
| Dependents (see instructions):  If more than four dependents, see instructions and check here Income  Attach Form(s): W-2 here. Also was withheld. If you did not get a Form W-2, see instructions.  Attach   | Spouse item Age/Blindness  (1) First name  1a Total amou b Household c Tip income d Medicald w e Taxable de f Employer- g Wages fror h Other earn i Nontaxable z Add lines 1 2a Tax-exem   | izes on a separative. Spouse:  I ast  I ast  Int from Form(s) to employee wages not reported on valver payments if pendent care beconcided adoption Form 8919, line and income (see in ecombat pay elect a through 1h pt interest.   | rate return or you Were born before Was born before name  W-2, box 1 (see in s not reported on line 1a (see instru- not reported on For- nefits from Form 2 n benefits from Form structions) ction (see instruction)   | nstructions) Form(s) W-2 2441, line 2:   | dual-status y 2, 1959 2, 1959 pocial securit  -2 (see instruction of the content | salien Are Is t y no. (3                                   | e blind<br>blind<br>t) Relation | ship to you                                 | 1a 1b 1c 1d 1e 1f 1h 1z 2b                   | or (see ins      | struction | s):            |
| Dependents (see instructions):  If more than four dependents, see instructions and check here Income  Attach Forms W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.  Attach Schedule B   | Spouse item Age/Blindness  (1) First name  1a Total amou b Household c Tip income d Medicald w e Taxable de f Employer- g Wages fror h Other earn i Nontaxable z Add lines 1 2a Tax-exem 3a Qualified                            | izes on a separative. Spouse:  I ast  I ast  Int from Form(s) to employee wages not reported on valver payments to pendent care beconcided adoption Form 8919, line and income (see in combat pay elect a through 1h pt interest   | rate return or you Were born before Was born before name  W-2, box 1 (see in s not reported on line 1a (see instru- not reported on Form an benefits from Form structions) ction (see instruction 2a 3a  | nstructions) Form(s) W-2 2441, line 2:   | dual-status y 2, 1959 2, 1959 pocial securit  -2 (see instruct 6 ne 29  b Taxat b Ordina  | salien Are y no. (3  | e blind<br>blind<br>) Relation  | ship to you                                 | 1a 1b 1c 1d 1p 1h 1z 2b 3b                   | or (see ins      | struction | s):            |
| Dependents (see instructions):  If more than four dependents, see instructions and check here Income  Attach Forms W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld, if you did not get a Form W-2, see instructions.  Attach              | Spouse item Age/Blindness  (1) First name  1a Total amou b Household c Tip income d Medicald w e Taxable de f Employer- g Wages fror h Other earn i Nontaxable z Add lines 1 2a Tax-exem 3a Qualified of 4a IRA distrib          | izes on a separative. Spouse:  I ast  I ast  Int from Form(s) to employee wages not reported on valver payments to pendent care beconsided adoption Form 8919, line and income (see in combat pay elect a through 1h pt interest   | were born before was born before was born before was born before was born before name  W-2, box 1 (see in s not reported on line 1a (see instru- not reported on Form in benefits from Form structions) ction (see instruction 2a 3a 4a  | nstructions) Form(s) W-2 2441, line 2:   | dual-status y 2, 1959 2, 1959 poial securit  -2 -2 (see instruct 6 ne 29 b Taxab b Ordina b Taxab   | salien Are y no. (3 ctions)  Lati ple interary diviole amo | e blind<br>blind<br>) Relation  | ship to you                                 | 1a 1b 1c 1d 1e 1f 1g 1h 1z 2b 3b 4b          | or (see ins      | Struction | s):<br>prother |
| Dependents (see instructions):  If more than four dependents, see instructions and check here Income  Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.  Attach Schedule B | Spouse item Age/Blindness  (1) First name  1a Total amou b Household c Tip income d Medicaid w e Taxable de f Employer- g Wages fror h Other earn i Nontaxable z Add lines 1 2a Tax-exem 3a Qualified 4a IRA distrib 5a Pensions | izes on a separative. Spouse:  I ast  I ast  Int from Form(s) to employee wages not reported on valver payments to pendent care beconcided adoption Form 8919, line and income (see in combat pay elect a through 1h pt interest   | was born before s not reported on line 1a (see instru- not reported on Form 2 not benefits from Form 2 not benefits from Form 2 and benefits from Form 2 benefits from Form 2 and benefits from Form 3 and benefits from Form 3 benefits from Form 3 and 4 and 5 and | nstructions) Form(s) W-2 2441, line 2:   | dual-status y 2, 1959 2, 1959 pocial securit  -2 (see instruct 6 ne 29  b Taxab b Ordina b Taxab b Taxab  | salien Are y no. (3  ctions)  ctions)                      | e blind<br>blind<br>) Relation  | ship to you                                 | 1a 1b 1c 1d 1p 1h 1z 2b 3b                   | or (see ins      | Struction | s):            |

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| Form 1040-S                         | R (2) | 023)   |            |     | Page 2                                |
|-------------------------------------|-------|--|------------|-----|---------------------------------------|
|                                     |       | Capital gain or (loss). Attach Schedule D if required, If not required,  | ,          |     |                                       |
|                                     |       | check here   | <u> </u>   |     |                                       |
|                                     | 8     | Additional income from Schedule 1, line 10   | ٠٤         | 3   |                                       |
|                                     | 9     | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  | ٠ [ 5      | 9   | 9,994                                 |
|                                     | 10    | Adjustments to income from Schedule 1, line 26   | . 1        | 0   | · · · · · · · · · · · · · · · · · · · |
| Standard                            | 111   |  | _ 1        | 1   | 9,994                                 |
| Deduction                           | 12    | Standard deduction or itemized deductions (from Schedule A)  | . 1        |     | 15,700                                |
| See Standard                        | 13    | Qualified business income deduction from Form 8995 or Form 8995-A  | . 1        | 3   |                                       |
| Deduction Chart<br>on the last page |       | Add lines 12 and 13  | . 1        | 4   | 15,700                                |
| of this form.                       | 15    | Subtract line 14 from line 11. If zero or less, enter -0 This is your  |            |     |                                       |
| ····                                |       | taxable income   | . 1        | 5   | 0                                     |
| Tax and                             | 16    | Tax (see instructions). Check if any from:   |            | 1   |                                       |
| Credits                             |       | 1 Form(s) 8814 2 Form 4972 3   | 1          | 6   | 0                                     |
| .,                                  | 17    | Amount from Schedule 2, line 3   |            | 7   |                                       |
|                                     | 18    | Add lines 16 and 17  | . 1        | 8   | 0                                     |
|                                     | 19    | Child tax credit or credit for other dependents from Schedule 8812   | 1          | 9   |                                       |
|                                     | 20    | Amount from Schedule 3, line 8   | · 2        | 0   |                                       |
|                                     | 21    | Add lines 19 and 20  | <u>  2</u> | 1   |                                       |
|                                     | 22    | Subtract line 21 from line 18. If zero or less, enter -0-  | . 2        | 2   | 0                                     |
|                                     | 23    | Other taxes, including self-employment tax, from Schedule 2, line 21   | . 2        | 3   |                                       |
|                                     | 24    | Add lines 22 and 23. This is your total tax  | . 2        | 4   | 0                                     |
| Payments                            | 25    | Federal income tax withheld from:  |            |     |                                       |
|                                     | а     | ing.   |            | - } |                                       |
|                                     | b     | - Inches   | _          |     |                                       |
|                                     | C     | and a second |            |     |                                       |
|                                     | d     |  | . 25       | 5d  |                                       |
| If you have                         | 26    | 2023 estimated tax payments and amount applied from 2022 return  |            | 6   | ·                                     |
| a qualifying<br>child, attach       | 27    | Earned income credit (EIC)   |            | 1   | 07                                    |
| Sch. EIC.                           | 28    | Additional child tax credit from Schedule 8812   | _          |     |                                       |
|                                     | 29    | American opportunity credit from Form 8863, line 8   | _          |     |                                       |
|                                     | 30    | Reserved for future use  |            |     |                                       |
|                                     | 31    | Amount from Schedule 3, line 15  |            | -   |                                       |
|                                     | 32    | Add lines 27, 28,29, and 31. These are your total other payments and refundable                                |            |     |                                       |
|                                     |       | credits  | . 3        | 2   |                                       |
|                                     | 22    | Add lines 2Ed 26 and 22. These are your total narments   |            | 3 [ |                                       |

33 Add lines 25d, 26, and 32. These are your total payments ... Go to www.irs.gov/Form1040SR for instructions and the latest information.

Form 1040-SR (2023)

| Form 1040-3                             | SR (20   | 23)  |               |                   |               |                              |  |           |              | F                    | age 3          |
|---|--|--|---------------|-------------------|---------------|------------------------------|--|-----------|--------------|----------------------|----------------|
| Refund                                  | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid |  |               |                   |               |                              |  |           |              |                      |                |
|   | 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here,              |  |               |                   |               |                              |  |           | 35a          |                      |                |
| Direct deposit?                         | b  | Routing number XXXXXXX   | XXXXXX        | XXXXXX            | с Тур         | ie: 📙 Chei                   | cking 📙 S  | avings    |              |                      |                |
| See instructions.                       | d Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  |  |               |                   |               |                              |  |           |              |                      |                |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 36   | Amount of line 34 you want ap  |               |                   |               |                              |  |           |              |                      |                |
| Amount                                  |  |  |               |                   |               |                              |  |           |              |                      |                |
| You Owe                                 |  | For details on how to pay, go to   | to www.irs    | gov/Payments      | or see i      | instructions                 |  |           | 37           |                      |                |
|   | 38   | Estimated tax penalty (see ins   |               |                   |               |                              |  |           |              |                      |                |
| Third Party<br>Designee                 | ins  | you want to allow another person to<br>tructions · · · · · · · · · · · · · · · · · · ·                             | discuss th    | Phon              |               | e<br>                        | Pe   | es. Com   | ntifica      |                      | ∏No            |
|   |  | me   |               | no.               |               |                              |  | mber (PIN |              | <u> </u>             |                |
| Sign<br>Here                            | the be<br>is bas   | penalties of perjury, I declare the start of my knowledge and belief, and on all information of which presignature | they are to   | rue, correct, and | comple<br>e., | ete. Declara<br>ur occupatio | ation of prepon  | arer (oth | er the       | an taxpa<br>ou an Id | yer)<br>entity |
|   |  |  |               |                   | 1             |                              | Pr   | otection  | PIN,         | enter it h           | ere            |
| Joint return?<br>See instructions.      |  |  |               |                   | REI           | IRED                         |  | ee inst.) |              | <u> </u>             |                |
| Keep a copy for<br>your records.        | Spou   | se's signature. If a joint return, both  | Date          | Spa               | ouse's occu   | ld                           | If the IRS sent your spousi<br>Identity Protection PIN, en<br>here (see inst.) |           |              |                      |                |
|   | Pho  | ne no.   | Email address |                   |               |                              |  |           |              |                      |                |
| Paid<br>Preparer<br>Use Only            | Prep   | parer's name   | Prepare       | er's signature    |               | Date                         | Pī   | 'iN       | <u>1</u>     | Check if:            |                |
| •                                       | rim's name Phone no  |  |               |                   |               |                              |  | hone no   | ! . <u> </u> |                      |                |
|   | Firm   | s address  |               |                   |               |                              | Fi   | rm's EIN  |              |                      | <u></u>        |
| Co to varavi                            | c acul   | Form1040SR for instructions as   | nd the late   | st information    |               |                              |  | Fo        | rm 1         | 040-SR               | (2023)         |

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## FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

| Box 1. Name  |                      |                      | Box 2. Beneficiary's Social Security Numb     |
|--|----------------------|----------------------|---|
| Box 3. Benefits Paid in 2023   | Box 4. Benefits Repa | id to SSA in 2023    | Box 5. Net Benefits for 2023 (Box 3 minus Box |
| \$31,594.80  | \$2,40               | 00.00                | \$29,194.80                                   |
| DESCRIPTION OF AMOUNT I  | N BOX 3              | DESC                 | RIPTION OF AMOUNT IN BOX 4                    |
| Paid by check or Direct deposit  | \$26,868.00          | Deductions for mos   | k or other adjustments \$2,400.0              |
| Medicare Part B premiums deducted from your benefits                     | \$1,978.80           | Benefits Repaid to   |   |
| Medicare Prescription Drug premiums (Part D) deducted from your benefits | \$348.00             |                      |   |
| Deductions for work or other adjustment                                  |                      |                      |   |
| Total Additions  | \$31,594.80          |                      |   |
| Benefits for 2023  | \$31,594.80          |                      |   |
|  |                      | Box 6. Voluntary Fed | deral Income Tax Withheld                     |
|  |                      |                      | NONE  |
|  |                      | Box 7. Address       |   |
|  |                      | 1                    |   |
|  |                      |                      |   |
|  |                      |                      |   |
|  |                      | Boy & Claim Number   | r (Use this number if you need to contact SS  |

|   | [  | CORRI                         | CTED (if checked)  |   | Prince In the Prince                             |
|---|--|-------------------------------|--|---|--|
| PAYER'S name, street address, city of ZIP or foreign postal code, and telep | or town, state or provin                           | ce, country,                  | 1 Gross distribution   | OMB No. 1545-0119                                       | Distributions From<br>Pensions, Annuities,       |
| Zir zir in a lit postat cook. Bito teleb                                    | Τ.   |                               | \$ 9,730,20  | <b>୭</b> ⋒ <b>ว</b> 2                                   | Retirement or<br>Profit-Sharing Plans,           |
| le :  |  |                               | 2a Taxable amount  | <u> </u>  | IRAs, Insurance                                  |
| •   |  |                               | \$ 9,730.20  | Form 1099-R   | Contracts, etc.                                  |
|   |  |                               | 2b Taxable amount  |   | Сору В   |
|   | •  |                               | not determined   | Total<br>distribution                                   | Report this income on your                       |
| PAYER'S TIN   | RECIPIENT'S TIN                                    |                               | 3 Capitel gain (included in box 2a)  | 4 Federal income tax withhold                           | income on your<br>federal tax<br>return, if this |
| A1 **   |  |                               | s  | c   | form shows<br>federal income                     |
| IENI 5 name, street address (i  | neluding apt. no.), city e                         | y town.                       | 5 Employee contributions/Designated Roth                                     | 6 Net unreglized appreciation in                        | tax withheld in<br>box 4, attach                 |
| state or province country and ZIP of  | r foreign postel code                              |                               | contributions or insurance premiums  | employer's securities                                   | this copy to                                     |
|   |  |                               | 7 Distribution code(s) IRA/  | 8 Other   | your return.                                     |
|   |  | •                             | 7 SEP/   | · .   | This information is                              |
| I   |  | -                             |  | \$ %  | being furnished to the IRS.                      |
|   |  |                               | Se Your percentage of total distribution                                     | 9b Total employee contributions                         | 1  |
|   |  |                               | %  | \$  |  |
| 10 Amount allocable to IRR within 5 years                                   | 11 1st year of desig. Roth contrib.                | 12 FATCA<br>Fileg requirement | 14 State tax withheld  | 15 State/Payer's state no.                              | 16 State distribution                            |
| \$  | design to the second                               |                               | \$ <u></u>   | WA /  | \$ 9,730.20                                      |
| Account number (see Instructions)   | ·  | 13 Date of                    | 17 Local tax withheld  | 18 Name of locality                                     | 19 Local distribution                            |
|   |  | payment                       | İs   |   | s  |
| Form 1099-R   |  | www.irs.c                     | ov/Form1089R   | Department of the Trea                                  | sury - Internat Revenue Service                  |
|   |  |                               |  | •   | <u>-</u> .                                       |
|   |  | Troppi                        | CTED (if checked)  |   |  |
| PAYER'S name, street address, city of                                       | or fown, state or proving                          |                               | 1 Gross distribution   | OMB No. 1545-0119                                       | Distributions From                               |
| ZiP or foreign postal code, and telep                                       | hone no.   | ,                             |  | 0.000   | Pensions; Annuities,<br>Retirement or            |
| •   | ٦,   |                               | \$ 9,730.20<br>2a Taxable amount   | 2023  | Profit-Sharing Plans.<br>IRAs, Insurance         |
|   | •  |                               | 2a i axable amount   | 4000  | Contracts, etc.                                  |
|   |  |                               | \$ 9,730.20  | Form 1099-R   | <del></del>                                      |
| ••  |  |                               | 2b Texable amount  | Total   |  |
|   |  |                               | not determined   | distribution  | Copy C   |
| PAYER'S TIN   | AECIPIENT'S TIN                                    |                               | 3 Capital gain (included in box 2a)  | 4 Federal income tax withheld                           | 1  |
|   | •  |                               | \$   | \$  | " For Recipient's Records                        |
| RECIPIENT'S name, street address (I   | ngluding apt. no.), city o                         | or cown,                      | 5 Employee contributions/Designated Rosh                                     | 6 Net unrealized appreciation in                        | 11000103   |
| state or province, country, and ZIP of                                      | r foreign pastel code                              |                               | santribusions or insurance premiums  | employer's securitles                                   |  |
|   |  |                               | 7 Distribution code(s) GA/   | 8 Other   |  |
|   |  |                               | SEP/   |   | This information is being furnished to           |
|   |  | •                             | 9a Your percentage of total  | 9b Total employee contributions                         | the IRS.   |
|   |  |                               | distribution   |   |  |
|   |  | 112                           | <u> </u>   | -7  | SE Carry distribution                            |
| 10 Amount allocable to IRR within 5 years                                   | 11 1st year of desig. Roth contrib.                | 12 FATCA                      | 14 State tex withhold  | 15 State/Payer's state no.                              | 16 State distribution                            |
| \$  | 1  |                               | \$   | WA /  | \$ 9,730.20                                      |
| a umber (see Instructions)  |  | 13 Date of payment            | 17 Local tax withheld  | 18 Name of locality                                     | 19 Local distribution                            |
|   |  |                               | \$   | <u></u>   | \$   |
| Form 1099-A (Keer   | for your records.)                                 | www.irs.g                     | ov/Form1099R   | ' Department of the Tra-                                | asury - Internal Revenue Service                 |
|   |  |                               | / <b></b>  | ·<br>   |  |
|   | T  | CORR                          | CTED (if checked)  |   |  |
| PAYER'S name, street address, city o  | r town, state or province                          |                               | 1 Gross distribution   | OMB No. 1545-0119                                       | Distributions From<br>Pensions, Annuities,       |
| ZIP or foreign mostel code and tolinal                                      | TZ   | •                             | \$ 9,730.20  | മെക   | Retirement or                                    |
|   | ų i  |                               | Za Taxable amount  | <b>ZUZ5</b>   | Profit-Sharing Plans,<br>IRAs, Insurance         |
|   |  |                               | \$ 9,730,20  | Form 1099-R   | Contracts, etc.                                  |
| 1   |  | •                             | 2b Taxable amount  | 1   |  |
|   | •  |                               | not determined   | Total   | Copy 2   |
|   | DECONTAIN TO                                       |                               |  | distribution i  4 Federal income tax withheld           | File this copy                                   |
| PAYER'S TIN   | RECIPIENT'S TIN                                    |                               | 3 Capitel gain (included in box 2a)  | - Labatat tubnula ray Astauaid                          | with your state,                                 |
| 91-6029051  | XXX-XX-6917  |                               | \$   | \$  | city, or local income tax                        |
| RECIPIENT'S name, street address to   | nctuding apt. no.l, city of<br>toreign postal code | r town,                       | 5 Employee contributions/Designeted Roth contributions of insurance premiums | Net unrealized appreciation in<br>employer's securities | return, when                                     |
| ,   | ÷  |                               | \$   | \$  | required.  |
|   |  |                               | 7 Distribution code(s) IRA/<br>SEP/  | 8 Other   | •  |
|   | •  |                               | 7 SIMPLE   | \$ 9  | 6  |
|   |  |                               | 9a Your percentage of total distribution                                     | State i employee contributions                          |  |
|   |  |                               | distribution   | s   | İ  |
| 10 Amount ellocable to IRR  | 11 1st year of                                     | 12 FATCA                      | 14 State lax withheld  | 15 State/Payer's state no.                              | 16 State distribution                            |
| within 5 years  | desig. Roth contrib.                               | füing requirement             |  | WA /  | \$ 9,730.20                                      |
| Arrown number (see instructions)  | <u> </u>   | 13 Date of                    | 17 Local ter withhold  | 18 Name of locality                                     | 19 Local distribution                            |
| Account number (see instructions) 04935                                     |  | payment                       | 17 Local tax withheld  | To receive the spounty                                  | e code distribution                              |
| Tracking #: 4234557T1   |  | <u> </u>                      | <u> </u> \$  | <u> </u>  | S COUNTY Property Paragraph Continue             |