

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code

BNY MELLON DISBURSEMENT AGENT
CITIGROUP PENSION PLAN
P O BOX 569
PITTSBURGH, PA 15230

Customer service telephone number: 800-881-3938

RECIPIENT'S name and address

CTI00M

JAMES L WELLS
2234 LOCKWOOD LOOP
THE VILLAGES FL 32162-3386



PAYER'S Federal ID number 25-1926855	RECIPIENT'S ID number XXX-XX-4135	Account number (see instructions) CTI00M 250000	13 Date of Payment
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FORM 1099-R (keep for your records)

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code

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JAMES L WELLS
2234 LOCKWOOD LOOP
THE VILLAGES FL 321623386

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FORM 1099-R

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Department of the Treasury - Internal Revenue Service

1 Gross distribution \$ 9,442.68	2a Taxable amount \$ 9,442.68	OMB No. 1545-011 2023 Form 1099-R Distribution From Pension: Annuities Retirement c Profit-Sharin Plans, IRA: Insuranc Contracts, etc This information is beir furnished to the Intern Revenue Servic
2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	
3 Capital gain (Included in box 2a) \$	4 Federal income tax withheld \$	COPY C For Recipient's Records
5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
7 Distribution code(s) 7	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %
9a Your percentage of total distribution %	9b Total employee contributions \$	
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib. \$	12 FATCA filing requirement <input type="checkbox"/>
14 State tax withheld \$	15 State/Payer's state no. FL/25-1926855	16 State distribution \$ 9,442.68
17 Local tax withheld \$	18 Name of locality	19 Local distribution \$

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