PAYER'S name, street address, city or town, state or province, country, ZIP of postal code, and phone no. STATE STREET RETIREE SERVICES FOR PIONEER WORKS 401(K) PLAN BENEFIT TRUST COMPANY P.O. BOX 12765		or foreign	1 Gross distribution \$ 24,508.52 2a Taxable amount \$ 0.00		OMB No. 1545-0119 2019 FORM 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.			
OVERLAND PARK, KS 66282-2765			2b Taxable amount not determined	П	Total distribution	x	Сору В		
PAYER'S TIN	RECIPIENT'S TIN		3 Capital gain (include in box 2a)	d	4 Federal income tax withheld		Report this income on your federal tax		
04-3581074 ***-**		-2207	\$		\$	0.00	return. If this form shows		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code			5 Employee contributions/Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities		federal income tax withheld in Box 4, attach this copy to your return.		
KONSTANTIN GREDESKOUL 1113 CAROLINA ST			7 Distribution code(s)	IRA/SEP/ SIMPLE	8 Other	1/0	This information is being furnished to		
SAN FRANCISCO, CA 94107		FATCA filing requirement	9a Your percentage of to distribution	otal %	9b Total employee contrib	utions	the Internal Revenue Service.		
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.		12 State tax withheld	0.00	13 State/Payer's state no. CA/81416620		14 State distribution \$		
Account number (see instructions)		Date of payment	15 Local tax withheld		16 Name of locality		17 Local distribution		
GUIDELINEZ-INV-002329 Form 1099-R		www.irs.gov/	S form 1'099r		Department of the	Treasury-	Internal Revenue Service		
		•							
	Γ	CORRECT	TED (IF CHECKED)			n	stributions From		
PAYER'S name, street address, city or town,	state or province, country, ZIP		1 Gross distribution		OMB No. 1545-0119		sions, Annuities,		
postal code, and phone no. STATE STREET RETIREE SERVICES FOR			Desire and the second s	508.52	2019	Profi	Retirement or it-Sharing Plans,		
PIONEER WORKS 401(K) PLAN			2a Taxable amount	Established and a	2013	11011	IRAs, Insurance		
BENEFIT TRUST COMPANY P.O. BOX 12765			\$ Zb Taxable amount	0.00	FORM 1099-R Total		Contracts, etc.		
OVERLAND PARK, KS 66282-2765			not determined		distribution	X	Copy C For Recipient's		
PAYER'S TIN	RECIPIENT'S TIN			3 Capital gain (included in box 2a)		4 Federal income tax withheld			
04-3581074 ***-2207			\$ 0.00						
RECIPIENT'S name, street address (including a province, country, and ZIP or foreign postal			5 Employee contributions Roth contributions or premiums \$		6 Net unrealized apprecial in employer's securities				
			7 Distribution code(s)	IRA/SEP/ SIMPLE	8 Other				
KONSTANTIN GREDESKOUL 1113 CAROLINA ST			. G		\$	%	This information is being furnished to		
SAN FRANCISCO, CA 94107		FATCA filing requirement	9a Your percentage of total 9b Total employed stribution % \$		9b Total employee contrib \$	ontributions the Internal Revenue Service.			
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.		12 State tax withheld		13 State/Payer's state no.		14 State distribution		
Account number (see instructions)	Contrib	Date of navment	\$ 15 Local tax withheld	0.00	CA/81416620 16 Name of locality		17 Local distribution		
GUIDELINEZ-INV-002329		Date of payment	\$.		,		\$		
Form 1099–R (keep for your records)		www.irs.gov/	form1099r		Department of the	Treasury-	Internal Revenue Service		
			ED (IF CHECKED)		OMB No. 1545-0119		stributions From		
PAYER'S name, street address, city or town, postal code, and phone no.	state or province, country, ZIP	or foreign	1 Gross distribution \$ 24.	508.52	OMB NO. 1545-0119	Pen	sions, Annuities, Retirement or		
STATE STREET RETIREE SERVICES PIONEER WORKS 401(K) PLAN BENEFIT TRUST COMPANY	FOR		2a Taxable amount	0.00	2019 FORM 1099-R	Profi	t-Sharing Plans, IRAs, Insurance Contracts, etc.		
P.O. BOX 12765 OVERLAND PARK, KS 66282-2765			2b Taxable amount		Total	X	Copy 2		
YER'S TIN	RECIPIENT'S TIN		not determined 3 Capital gain (include	d	distribution 4 Federal income tax	121	File this copy		
			in box 2a)		withheld		with your state,		
04-3581074 ***-**-2207		2207	\$		\$ 0.00		city, or local income tax		
ENT'S name, street address (including a e, country, and ZIP or foreign postal			5 Employee contributions Roth contributions or premiums		6 Net unrealized appreciation employer's securities		return, when required.		
			7 Distribution code(s)	IRA/SEP/ SIMPLE	8 Other		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
TANTIN GREDESKOUL			G		\$	%			
CAROLINA ST		FATCA filing	9a Your percentage of to		9b Total employee contrib	utions			
RANCISCO, CA 94107	11 1st year of desig. Roth	requirement	distribution 12 State tax withheld	%	\$ 13 State/Payer's state no. 14 State distribution		14 State distribution		
	contrib.	D-tof	\$	0.00	CA/81416620 16 Name of locality		17 Local distribution		
er (see instructions)		nate of paymer	\$	7			\$		
EZ-INV-002329	make as an half of Audient Scope country and Audienters on the second position of the Audienters of the country as and	www.irs.go			Department of the	Treasur	y-Internal Revenue Service		