

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2022 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
 • SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name THOMAS R POOLE		Box 2. Beneficiary's Social Security Number 064-54-8519	
Box 3. Benefits Paid in 2022 \$27,636.00	Box 4. Benefits Repaid to SSA in 2022 NONE	Box 5. Net Benefits for 2022 (Box 3 minus Box 4) \$27,636.00	
DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4	
Paid by check or Direct deposit \$27,636.00 Benefits for 2022 \$27,636.00		NONE	
		Box 6. Voluntary Federal Income Tax Withheld NONE	
		Box 7. Address THOMAS R POOLE 22 WISCONSIN AVE RENSSELAER NY 12144-4827	
		Box 8. Claim Number (Use this number if you need to contact SSA.) 064-54-8519A	

The Northern Trust Company
 Benefit Payment Services
 50 S LaSalle St. WB-38
 Chicago, IL 60603-1003



01078447110 179407 1 0110 16705 33413 1/1 BIN:0



THOMAS R POOLE
 22 WISCONSIN
 RENSSELAER NY 12144-4827



Corrected (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. The Northern Trust Company <i>Benefit Payment Services WB-38 50 S. LaSalle St. Chicago, Illinois 60603</i> <i>As Paying Agent for:</i>			1 Gross distribution \$ 15,954.48		OMB No. 1545-0119 2022 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy B			
6024 TGGMB NRG TEXAS RETIREMENT PLAN GENON MIRANT BARGAIN PENSION 18662911620			2a Taxable amount \$ 15,954.48		2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		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.			
PAYER'S TIN 36-3046063		RECIPIENT'S TIN ***-**-8519		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 1,191.58		This information is being furnished to the IRS		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code THOMAS R POOLE 22 WISCONSIN RENSSELAER NY 12144-4827			5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		7 Distribution code(s) 7			
			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.			
Account number (see instructions) 60240006805077 NYN		14 State tax withheld \$		15 State/Payer's state no. NY/363046063		12 FATCA filing requirement <input type="checkbox"/>		13 Date of payment		
			16 State distribution \$ 15,954.48		17 Local tax withheld \$		18 Name of locality		19 Local distribution \$	

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

Corrected (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			1 Gross distribution \$ 15,954.48		OMB No. 1545-0119		Distributions From Pensions, Annuities,	
---	--	--	---	--	-------------------	--	---	--