American Portfolios Financial Services, Inc. 4250 Veterans Memorial Hwy, Suite 420E Holbrook, NY 11741 Phone: 800.889.3914

## **Recipient's Name and Address:**



IRA FBO THOMAS R POOLE PERSHING LLC AS CUSTODIAN ROLLOVER ACCOUNT 22 WISCONSIN AVE RENSSELAER NY 12144-4827

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## Your Investment Professional:

MANGOLD/RUGER
AMERICAN PORTFOLIOS
159 WOLF ROAD
SUITE 101
ALBANY NY 12205
ID: ACX

## Payer's Information:

PERSHING LLC ONE PERSHING PLAZA JERSEY CITY NJ 07399

**Customer Service Phone Number:** 518-477-6686

Payer's Federal Identification Number: 13-3718556

Recipient's Information:

**Account Number: JLO-957819** 

**Recipient's Identification Number:** XXX-XX-8519

2023 Form 1099-R	Distributions from Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.			OMB No.1545-0119			
Copy C: For Recipient's Records							
Box		Bo	x				
1 Gross Distribution	\$22,647.06	9a	Your Percentage of Total Distribution	%			
2a Taxable Amount	\$22,647.06	9b	Total Employee Contributions	\$0.00			
2b Taxable Amount Not Determined	X	10	Amount allocable to IRR within 5 years				
Total Distribution		11	1st Year of Designated Roth Contribution				
3 Capital Gain (included in Box 2a)	\$0.00	12	FATCA Filing Requirement				
4 Federal Income Tax Withheld	\$3,397.06	13	Date of Payment				
5 Employee Contributions/Designated Roth Contributions		14	State Tax Withheld	\$0.00			
or Insurance Premiums	\$0.00	15	State/Payer's State Number	NY/13-3718556			
6 Net Unrealized Appreciation in Employer's Securities	\$0.00	16	State Distribution				
7 Distribution Code(s)	7	17	Local Tax Withheld				
IRA/SEP/SIMPLE	X	18	Name of Locality				
8 Other Amount	\$0.00	19	Local Distribution	\$0.00			
Other Percentage	0.00%						

This information is being furnished to the Internal Revenue Service.

The above represents a summary of your refirement account distribution activity for Tax Year 2023. The Internal Revenue Service instructions are on the back of this page.

## **2023 Retirement Account Tax Information Statement**

Recipient's Name and Address:

Payer's Information:

PERSHING LLC
ONE PERSHING PLAZA
IRA FBO THOMAS R POOLE
PERSHING LLC AS CUSTODIAN
ROLLOVER ACCOUNT
22 WISCONSIN AVE
RENSSELAER NY 12144-4827

Payer's Federal Identification Number: 13-3718556

Recipient's Information:

Account Number: JLO-957819
Recipient's Identification Number: XXX-XX-8519

Recipient's Information:

Payer's Federal Identification Number: 13-3718556

2023 Form 1099-R	Distributions from Pensio Profit-Sharing Plans, IRA	OMB No.1545-0119					
Copy B: 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							
Box		Box					
1 Gross Distribution	\$22,647.06	9a Your Percentage of Total Distribution	<b>%</b>				
2a Taxable Amount	\$22,647.06	9b Total Employee Contributions	\$0.00				
2b Taxable Amount Not Determined	X	10 Amount allocable to IRR within 5 years					
Total Distribution		11 1st Year of Designated Roth Contribution					
3 Capital Gain (included in Box 2a)	\$0.00	12 FATCA Filing Requirement					
4 Federal Income Tax Withheld	\$3,397.06	13 Date of Payment					
5 Employee Contributions/Designated Roth Contributions		14 State Tax Withheld					
or Insurance Premiums	\$0.00	15 State/Payer's State Number	NY/13-3718556				
6 Net Unrealized Appreciation in Employer's Securities	\$0.00	16 State Distribution					
7 Distribution Code(s)	7	17 Local Tax Withheld	\$0.00				
IRA/SEP/SIMPLE	X	18 Name of Locality					
8 Other Amount		19 Local Distribution	\$0.00				
Other Percentage	0.00%						



This information is being furnished to the Internal Revenue Service.