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



01081830494 230976 1 0107 10543 21093 1/1 BIN:0



THOMAS R POOLE 22 WISCONSIN RENSSELAER NY 12144-4827

Սովմիվիրմիիկցիլիսութիկիկնկիրվիրնինդե

| | | | | Pottacted (ii | checked) | | | | | | | |
|--|-----------------------|----------------------------|---|--|--|------------|--------------------|---------------------------------|---------------------|--|--|--|
| PAYERS name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. The Northern Trust Company Benefit Payment Services WB-38 50 S. LaSalle St. Chicago, Illinois 60603 As Paying Agent for: 6024 TGGMB NRG TEXAS RETIREMENT PLAN GENON MIRANT BARGAIN PENSION 18662911620 | | | 1 Gross distrib \$ 2a Taxable amo | 15,9 ount | 954.48 954.48 | | 20 | 0. 1545-0119 0. 23 1099-R | | | Distributions From ensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. | |
| | | | 2b Taxable amount Total distribution | | | | | | | | Copy B | |
| | | | 3 Capital gain | (included in | box 2a) | | 4 Federal in \$ | icome tax w | ithheld 1,149.98 | | income on your federal tax return. If this | |
| PAYER'S TIN | RECIPIENT'S | TIN | 5 Employee contributions/ Designated Roth 6 Net unrealized appreciation in | | | | | | | 7 | form shows federal income | |
| 36-3046063 | ***-**-8519 | | \$ | contributions or insurance premiums employer's securities \$ | | | | | | | tax withheld in box 4, attach | |
| 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 | | | 7 Distribution code(s) | IRA/ SEP/ | SIMPLE | 8 Other | r | | | 7 | this copy to your return. | |
| | | | 7 | | <u></u> | \$ | | | % | , | | |
| | | | 9a Your percentage of total distribution 9b Total employee contributions \$ | | | | | | | This information is being furnished to the IRS | | |
| | | | | | 11 1st year of desig. Roth contrib. 12 FATCA filling requirement | | | | Date of payment | | | |
| Account number (see instructions) | 14 State tax withheld | 15 State/Payer's state no. | 16 State distrib | ution | 17 Loca | I tax with | held | 18 Name of | locality | 19 | Local distribution | |
| 60240006805077 NYN | \$ | NY/363046063 | \$ 15 | ,954.48 | \$ | | | | | \$ | | |

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. The Northern Trust Company Benefit Payment Services WB-38 50 S. LaSalle St. Chicago, Illinois 60603 As Paying Agent for: 6024 TGGMB NRG TEXAS RETIREMENT PLAN GENON MIRANT BARGAIN PENSION 18662911620 | | | \$ | 1 Gross distribution \$ 15,954.48 2a Taxable amount \$ 15,954.48 | | | 2023 | | | | Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. | |
| | | | 3 \$ | not deteri | mined L | box 2a) | Total distribu | 4 Federal inc | ome tax wi | thheid 1,149.98 | For Recipient's Records | |
| PAYER'S TIN 36-3046063 | ***-**-851 | | 5 | Employee co contributions | ntributions/ or insuranc | Designate e premiur | ed Roth | 6 Net unreali employer's \$ | | | | |
| 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 | | | | 7 Distribution code(s) 7 SIMPLE 8 Other \$ 9a Your percentage of total distribution 9b Total employee contributions | | | | % | This information is | | | |
| RENSSELAER NY 12144-4827 | | | | 10 Amount allocable to IRR within 5 years | | | \$ s 11 1st year of desig. 12 FATCA filing | | | | being furnished to the IRS. | |
| | | | | \$ | | | Rot \$ | year or desig. n contrib. | requirement | | 13 Date of payment | |
| Account number (see instructions) 14 S 60240006805077 NYN \$ | tate tax withheld | 15 State/Payer's state no. NY/363046063 | | 16 State distribution 17 Local 15,954.48 \$ | | al tax withheld 18 | | 18 Name of locality | | 19 Local distribution \$ | | |
| Form 1099-R (keep for yo | ur records) | www.irs.gov/Form1099f | R | | Corrected (if o | checked) | | Depa | rtment of th | ie Treasury - Ir | nternal Revenue Service | |
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. The Northern Trust Company | | | 1 | 1 Gross distribution \$ 15,954.48 | | | | OMB No. | Distributions From Pensions, Annuities, Retirement or | | | |

| The Northern Trust Benefit Payment Services WB-36 As Paying Agent for: | 15,954.48 2a Taxable amount \$ 15,954.48 2b Taxable amount not determined | | | | | | | Pensions, Annuitles, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2 File this copy with your state, city, or local income tax | | |
|---|--|---|---|-------------------|-----------|--------------|-------------|---|------------------|---------------------------|
| 6024 TGGMB NRG TEXAS RETIREMENT PLAN GENON MIRANT BARGAIN PENSION 18662911620 | | | | | | | | | | |
| PAYER'S TIN RECIPIENT'S TIN | | | 5 Employee co | ntributions/ | Designate | ed Roth 6 | Net unreali | | | return, when required. |
| 36-3046063 ***-**-8519 | | | contributions or insurance premiums employer's securities | | | | | | | Toquirea. |
| 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 | | | 7 Distribution code(s) 7 9a Your percenta | IRA/ SEP/ | | \$ | | ntributions | % | |
| RENSSELAER NY 12144-4827 | | | s | | | | | | | |
| | | | 10 Amount allocable to IRR within 5 years \$ | | | | | | CA filing rement | 13 Date of payment |
| Account number (see instructions) 60240006805077 NYN | 14 State tax withheld \$ | 15 State/Payer's state no. NY/363046063 | \$ | ution 5,954.48 | 17 Loca | al tax withh | | Name of | - | 19 Local distribution |

