

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  
 RENSSLAER NY 12144-4827



PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>The Northern Trust Company</b> <i>Benefit Payment Services WB-38 50 S. LaSalle St. Chicago, Illinois 60603</i> <i>As Paying Agent for:</i>		<input type="checkbox"/> Corrected (if checked)		OMB No. 1545-0119 <b>2023</b> Form <b>1099-R</b>		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
<b>6024 TGGMB</b> <b>NRG TEXAS RETIREMENT PLAN</b> <b>GENON MIRANT BARGAIN PENSION</b> <b>18662911620</b>		<b>1</b> Gross distribution \$ <b>15,954.48</b>		<b>2a</b> Taxable amount \$ <b>15,954.48</b>		<b>2b</b> Taxable amount <input type="checkbox"/> Total distribution <input type="checkbox"/> not determined	
PAYER'S TIN <b>36-3046063</b>		RECIPIENT'S TIN <b>***-**-8519</b>		<b>3</b> Capital gain (included in box 2a) \$		<b>4</b> Federal income tax withheld \$ <b>1,149.98</b>	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code <b>THOMAS R POOLE</b> <b>22 WISCONSIN</b> <b>RENSSELAER NY 12144-4827</b>		<b>5</b> Employee contributions/ Designated Roth contributions or insurance premiums \$		<b>6</b> Net unrealized appreciation in employer's securities \$		<b>7</b> Distribution code(s) <b>7</b>	
<b>7</b> Distribution code(s) <b>7</b>		<b>8</b> Other \$		<b>9a</b> Your percentage of total distribution \$		<b>9b</b> Total employee contributions \$	
<b>10</b> Amount allocable to IRR within 5 years \$		<b>11</b> 1st year of desig. Roth contrib. \$		<b>12</b> FATCA filing requirement <input type="checkbox"/>		<b>13</b> Date of payment	
Account number (see instructions) <b>60240006805077 NYN</b>		<b>14</b> State tax withheld \$		<b>15</b> State/Payer's state no. <b>NY/363046063</b>		<b>16</b> State distribution \$ <b>15,954.48</b>	
				<b>17</b> Local tax withheld \$		<b>18</b> Name of locality	
						<b>19</b> Local distribution \$	

Corrected (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>The Northern Trust Company</b> <i>Benefit Payment Services WB-38 50 S. LaSalle St. Chicago, Illinois 60603</i> <i>As Paying Agent for:</i>		1 Gross distribution \$ <b>15,954.48</b>		OMB No. 1545-0119 <b>2023</b> Form <b>1099-R</b>		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
6024 TGGMB NRG TEXAS RETIREMENT PLAN GENON MIRANT BARGAIN PENSION 18662911620		2a Taxable amount \$ <b>15,954.48</b>		2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		Copy C	
PAYER'S TIN <b>36-3046063</b>		RECIPIENT'S TIN <b>***-**-8519</b>		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ <b>1,149.98</b>	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code <b>THOMAS R POOLE</b> <b>22 WISCONSIN</b> <b>RENSELAER NY 12144-4827</b>		5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		For Recipient's Records	
7 Distribution code(s) <b>7</b>		IRA/ SEP/ SIMPLE <input type="checkbox"/>		8 Other \$ %		This information is being furnished to the IRS.	
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"/>		13 Date of payment		14 State tax withheld \$		15 State/Payer's state no. <b>NY/363046063</b>	
Account number (see instructions) <b>60240006805077 NYN</b>		16 State distribution \$ <b>15,954.48</b>		17 Local tax withheld \$		18 Name of locality	
19 Local distribution \$							

Form 1099-R

(keep for your records)

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

Corrected (if checked)

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6024 TGGMB NRG TEXAS RETIREMENT PLAN GENON MIRANT BARGAIN PENSION 18662911620		2a Taxable amount \$ <b>15,954.48</b>		2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		Copy 2	
PAYER'S TIN <b>36-3046063</b>		RECIPIENT'S TIN <b>***-**-8519</b>		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ <b>1,149.98</b>	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code <b>THOMAS R POOLE</b> <b>22 WISCONSIN</b> <b>RENSELAER NY 12144-4827</b>		5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		File this copy with your state, city, or local income tax return, when required.	
7 Distribution code(s) <b>7</b>		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"/>		13 Date of payment		14 State tax withheld \$		15 State/Payer's state no. <b>NY/363046063</b>	
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