UNBOUND
FORM 990-T
TAX YEAR 2021
PUBLIC DISCLOSURE COPY

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity For calendar year 2021, or fiscal year beginning $\frac{01/01/2021}{2021}$ and ending $\frac{12/31/2021}{2021}$

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN 43-1243999 UNBOUND

Name and title of officer or person subject to tax
SCOTT WASSERMAN, PRESIDENT/CEO
Part I Type of Return and Return Information
Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.
1a Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b
2a Form 990-EZ check here b b Total revenue, if any (Form 990-EZ, line 9)
3a Form 1120-POL check here . b b Total tax (Form 1120-POL, line 22)
4a Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 5a Form 8868 check here ▶ b Balance due (Form 8868, line 3c)
6a Form 990-T check here > X b Total tax (Form 990-T, Part III, line 4)
7a Form 4720 check here ▶ b Total tax (Form 4720, Part III, line 1)
9a Form 5330 check here b b Tax due (Form 5330, Part II, line 19)
10a Form 8038-CP check here b b Amount of credit payment requested (Form 8038-CP, Part III, line 22) .10b
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax
Under penalties of perjury, I declare that X I am an officer of the above entity or X I am a person subject to tax with respect to (name
of entity) , (EIN) and that I have examined a copy of the
2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and
complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my
intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an
acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c)
the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal
(direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this
return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the
processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to
the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to
electronic funds withdrawal.
PIN: check one box only
X I authorize FORVIS, LLP to enter my PIN \[8 6 2 4 8 \] as my signature
ERO firm name Enter five numbers, but do not enter all zeros
on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state
agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the
return's disclosure consent screen.
As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically
filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part
of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.
Signature of officer or person subject to tax Date October 18, 2022
Part III Certification and Authentication
ERO's EFIN/PIN. Enter your six-digit electronic filing identification
number (EFIN) followed by your five-digit self-selected PIN. 4 3 3 7 2 2 4 4 0 1 6
Do not enter all zeros
Locatify that the above numeric entry is my DIN, which is my signature on the 2024 electronically filed return indicated above. Locatirm that I
I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file
Providers for Business Returns.
ERO's signature ▶
10-20-2022
FDO Must Datain This Farms Con Instructions
ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2021)

For	∝ 990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	L	OMB No. 1545-0047
. 0		For calendar year 2021 or other tax year beginning $01/01$, 2021, and ending $12/31$, 20 21		୭ ⋒ 9 1
_			-	
- 1	artment of the Treasury nal Revenue Service	 ▶ Go to www.irs.gov/Form990T for instructions and the latest information. ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 		Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if		mploy	ver identification number
[address changed.		3_1	243999
В E:	kempt under section			exemption number
	501(C)(3)		see inst	ructions)
23	408(e) 220(e)	Type City or town, state or province, country, and ZIP or foreign postal code		
	408A 530(a)	KANSAS CITY, KS 66103		Check box if
	1	C Book value of all assets at end of year	ш,	an amended return.
G	Check organization ty			
	Check if filing only to		9	
1 (Check if a 501(c)(3)	organization filing a consolidated return with a 501(c)(2) titleholding corporation		
		attached Schedules A (Form 990-T)		
		vas the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		
	-	me and identifying number of the parent corporation	• •	. , , , , , , , , , , , , , , , , , , ,
		of ▶ SCOTT WASSERMAN-PRESIDENT/CEO Telephone number ▶ 913-3	84-6	 5500
		1 ELMWOOD AVE		
		KANSAS CITY, KS 66103		
		,		
Pa	rt I Total Unrel	ated Business Taxable Income		
1	Total of unrelate	ed business taxable income computed from all unrelated trades or businesses (see		
	instructions)		1	NONE
2			2	
3			3	NONE
4		utions (see instructions for limitation rules)	4	
5		siness taxable income before net operating losses. Subtract line 4 from line 3	5	NONE
6	Deduction for net	operating loss. See instructions	6	
7	Total of unrelate	ed business taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 from	m line 5	7	NONE
8	Specific deduction	(generally \$1,000, but see instructions for exceptions)	8	
9	Trusts. Section 19	9A deduction. See instructions	9	
10		Add lines 8 and 9	10	
11	Unrelated busine	ss taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
	enter zero		11	NONE
Pa	rt II Tax Comp	utation		
1		able as corporations. Multiply Part I, line 11 by 21% (0.21)	1	NONE
2	Trusts taxable a	t trust rates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from	: Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax. See ins	tructions	3	
4		s. See instructions	4	
5	Alternative minimu	ım tax (trusts only).	5	
6		iant facility income. See instructions	6	

NONE Form **990-T** (2021)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

	or which an extension request must be sent form, visit <i>www.irs.gov/e-file-providers/e-file-i</i>			uctions). For more de	etails o	n the elec	otronic
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).				
-	ions required to file an income tax return oth		·	O-C filers), partnership	os, REI	MICs, and	trusts
Type or	Name of exempt organization or other filer, see in	nstructions.	Ta	axpayer identification nu	mber (7	ΓΙΝ)	
print	UNBOUND			43-1243999	9		
File by the due date for	Number, street, and room or suite no. If a P.O. bo	ox, see instru	ctions.				
iling your	1 ELMWOOD AVE	, ,					
eturn. See nstructions.	City, town or post office, state, and ZIP code. For	r a foreign ad	dress, see instructions.				
	KANSAS CITY, KS 66103						
Enter the Re	eturn Code for the return that this application	is for (file	a separate application for e	each return)		∟	0 7
Application		Return	Application			Re	turn
s For		Code	Is For				ode
	r Form 990-EZ	01	Form 1041-A				08
Form 4720		03	Form 4720 (other than i	ndividual)			09
Form 990-P	F	04	Form 5227				10
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069				11
	(trust other than above)	06	Form 8870				12
Form 990-T	(corporation)	07					
Telephon If the org If this is for the whole list with the	as are in the care of ► SCOTT WASSERMAN- 1 ELMWOOD AVE KA e No. ► 913 384-6500 anization does not have an office or place of or a Group Return, enter the organization's for e group, check this box e names and TINs of all members the extens	ANSAS CI business ir ur digit Gro f it is for pa ion is for.	TY KS 66103 Fax No. ▶ 913 384- the United States, check oup Exemption Number (Glurt of the group, check this	this box	 an	. If this is ad attach	•
	est an automatic 6-month extension of time u			, to file the exempt	organ	lization re	turn
2 If the t	organization named above. The extension is calendar year 2021 or tax year beginningax year entered in line 1 is for less than 12 m Change in accounting period	, 20	, and ending			_·	
	application is for Forms 990-PF, 990-T,	4720, or	6069, enter the tental	tive tax, less any			
	undable credits. See instructions.	4706		111	3a \$		NONE
	application is for Forms 990-PF, 990-T,			dable credits and			
	ted tax payments made. Include any prior yea be due. Subtract line 3b from line 3a. In			m if required by	3b \$		NONE
	EFTPS (Electronic Federal Tax Payment Syster	•	' '	iii, ii requireu, by	30 6		NIONTE
	u are going to make an electronic funds withdraw			e Form 8453-TE and Fo	3c \$ orm 887		NONE ayment
For Privacy A	Act and Paperwork Reduction Act Notice, see inst	ructions.			Form 8	8 68 (Rev.	1-2022)

Par	t III	Tax and Payments								
1 a	Foreign	tax credit (corporations attach Form 1118; trus	sts attach Form 1116)	. 1a						
b	Other o	redits (see instructions)		. 1b						
		I business credit. Attach Form 3800 (see instruc								
		or prior year minimum tax (attach Form 8801 or	,							
		redits. Add lines 1a through 1d		`	•	$\neg \neg$	1e			
2		et line 1e from Part II, line 7					2		NO	NE
3			orm 8611 Form 8697				-		110	TAT
3	Other ar									
			ent)				3			
4		xx. Add lines 2 and 3 (see instructions).					_			
_		1294. Enter tax amount here					4		NO	NE
5		net 965 tax liability paid from Form 965-A, Part			1		5			
		nts: A 2020 overpayment credited to 2021		. 6a						
b	2021 e	stimated tax payments. Check if section 643(g)	election applies	6b						
С	Tax dep	posited with Form 8868.		. 6c						
d	Foreign	organizations: Tax paid or withheld at source (s	ee instructions)	. 6d						
е	Backup	withholding (see instructions)		. 6e	3,9	80.				
f	Credit f	or small employer health insurance premiums (a	attach Form 8941)	. 6f						
g	Other c	redits, adjustments, and payments: Form 24	139							
	F	orm 4136 Other	Total •	► 6g						
7		ayments. Add lines 6a through 6g					7		3,98	0.
8	-	ed tax penalty (see instructions). Check if Form					8		0,20	
9		e. If line 7 is smaller than the total of lines 4, 5,					9			
10		yment. If line 7 is larger than the total of lines					10		3,98	$\overline{\cap}$
11	-	e amount of line 10 you want: Credited to 2022 estim		Jaiu .	Refunde		11		3,98	
	t IV			form	_				3,90	<u>U.</u>
		Statements Regarding Certain A					•		Yes	No
1		time during the 2021 calendar year, did			_				Tes	NO
		financial account (bank, securities, or oth			_					
	FinCEN	Form 114, Report of Foreign Bank and	Financial Accounts. If "Ye	es," er	nter the name of	the	ioreign	country		
	here >									X
2	During	the tax year, did the organization receive a	distribution from, or was it t	he gra	antor of, or transfe	ror to,	a foreig	gn trust?		X
	If "Yes,	" see instructions for other forms the organization	n may have to file.							
3		ne amount of tax-exempt interest received or ac								
4	Enter a	vailable pre-2018 NOL carryovers here 🕨 \$	Do not in	clude a	any post-2017 NOL	carryov	er			
	shown	on Schedule A (Form 990-T). Don't red	luce the NOL carrvover s	shown	here by any de	eductio	n repor	rted on		
	Part I, li		•		, ,					
5		017 NOL carryovers. Enter available Bus	iness Activity Code and	post-	2017 NOL carry	overs.	Don't	reduce		
		bunts shown below by any NOL claimed on any	· · · · · · · · · · · · · · · · · · ·	•						
		Business Activity Code			Available post-2					
		•		\$						
				— · \$						
				— [©] -						
				— ^u -						
6.0	Did the	organization change its method of accounting?	(and instructions)	Ψ						7.7
		-	,				44000			X
b		is "Yes," has the organization described	•					-		
		in Part V								
Par		Supplemental Information								
Provid	de the ex	xplanation required by Part IV, line 6b. Also, prov	ride any other additional infori	mation.	See instructions.					
		SUPPLEMENTAL INFORMAT	ION ATTACHED							
		nder penalties of perjury, I declare that I have examin						est of my	knowledge	and
Sigr) r	elief, it is true, correct, and complete. Declaration of preparer (o	ner than taxpayer) is based on all inforr	mation of	wnich preparer has any k				46.1	
Her								RS discuss reparer s		
		ignature of officer	Date Title			_	instruction			No
		Print/Type preparer's name	Preparer's signature		Date	_		PTIN		
Paid		3.75-5-5-3.9.0000				Check			00004	
	arer				11/15/2022	_	nployed		82834	
	Only	Firm's name FORVIS, LLP						44-016		
		Firm's address ► 1201 WALNUT, SUITE	1700, KANSAS CIT	Y, MO	0 64106-224	Phone	no. 816	5-221-		
JSA 1X274	1 1.000							Form 9	90-T (2	.021)

SUPPLEMENTAL INFORMATION

PART NUMBER: PART V LINE NUMBER: N/A

EXPLANATION:

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.

Electronic Filing Information: PDF attachments Included in this Return

Tax Year: 2021 Name: UNBOUND **Jurisdiction:** Federal - 990T

No of Attachments: 1

Return No: E7118FD1

PDF Attachment Description	PDF File Name	File Size		
990T PDF Attachment	E7118FD1_FE-990T_1099-R Fidelity.pdf	48,988		

PAYER'S TIN	ED (if checked)						Distributions From
	RECIPIENT'S TIN		1 Gross distribution	07 F0	OMB No. 1545-0119		Pensions, Annuities,
04-6568107	xxx-xx-3999		*17,7	03.58	2021		Retirement or Profit-Sharing Plans,
PAYER'S name, street address, city, state, a	and ZIP code		2a Taxable amount				IRAs, Insurance
FIDELITY INVESTMENTS			\$19,8	98.28	Form 1999-R		Contracts, atc.
INSTITUTIONAL OPERAT	VIC	46.2	25 Taxable amount	П	Total X		Сору В
	5-1987	<u></u>	not determined		distribution		Report this income
74558 BELLSOUTH SVGS & SEC	1-800-425-7	2363	3 Capital gain (include		4 Federal income tax v	otthheid 979.66	on your lederal tax
BELLZONIU 2462 & 250	OKITY PLAN		72,2	52.64	73,	779.00	return, if this form shows federal income
RECIPIENTS name, street address (including	ig apt. no.), city, state, and ZiP	code Hassay	5 Employee contrib/de	sig Roth	6 Net unrealized apprec	iation	tax withheld in box 4,
PRTAX2E2022011209.02.154370727	4=	code Figure 1	contrib or insurance (\$5.30	in employer's securitie	\$0.00	attach this copy
035260 FIEU1Q02 000000 . UNBOUND DRGANISAT	AI 01 F ION	3,000	7 Distribution code(s)	IRA/SEP/	B Other	70.00	to your return. This information is being
C/O MICHAEL CALAI			- ii	SIMPLE			furnished to the internal
1 ELMWOOD AVE KANSAS CITY, KS 6	441 N Z		4 2- Y		Oh Tatal seminus sast	\$0.00	Revenue Service. 10 Amount allocable to IRR
RANSAS CITT, RS	10103		9a Your percentage of total distribution		9b Total employee cont	UDUTIONS	Within 5 years
				%	\$		\$0.00
			14 State tax withheld		15 State/Payer's state r	0.	18 State distribution
Account number (see instructions)	11 1st year of desig. Roth	12 FATCA filing	\$9	94.91	KS 03604656	8107	\$
20220108021303666556		requirement	13 Date of payment		•		
Form 1099-R					Departm	ent of the Tra	sasury - Internal Revenue Service
					H		
	11004 404 600 0		12 (EL WITH TH B1 21 ET B1 E	EL BALDTA BALDE	11/10		
PAYER'S TIN	ED (if oheoked) RECIPIENT'S TIN		1 Gross distribution		OMB No. 1545-0119	1	Distributions From Pensions, Annuities,
04-6568107	xxx-xx-3999			03.58			Retirement or
					2021		Profit-Sharing Plans,
PAYER'S name, street address, city, state, a FIDELITY INVESTMENTS			2a Taxable amount	98.28	Form 1099-R		iRAs, insurance Contracts, etc.
INSTITUTIONAL OPERAT			417,0	70.20		L .	Contracts, etc.
	V1C		25 Taxable amount		Total X		Copy C
COVINGTON, KY 41015 74558	5-1987 1-800-425-2	2242	not determined 3 Capital gain (included	d in how 2nl	distribution 4 Federal Income tax v	#55 a fel	For Recipient's Records
	CURITY PLAN			52.64		79.66	11000143
					_		
RECIPIENTS name, street address (including	ig apt. no.), city state, and ZIP	code	5 Employee contrib/de contrib or insurance;	-	6 Net unrealized apprecin employer's ascurition		
				\$5.30_	in amployer & accornic	\$0.00	
UNBOUND ORGANISAT			7 Distribution code(s)	IRA/SEP/	8 Other	Z Z	This information is being
C/O MICHAEL CALAI)KIA		4	SIMPLE		\$0.00	furnished to the internal Revenue Service.
KANSAS CITY, KS	66103		9a Your percentage of		9b Total employee conf	ributions	10 Amount allocable to IRR
			total distribution	%	\$	i	within 5 years \$0.00
			14 State tax withheld		15 State/Payer's state r	10.	16 State distribution
					1		
			_	06 01	KC 07/06/E	(0107	
Account number (see instructions) 202201 08021 303666556	11 1st year of desig. Roth	12 FATCA filling	\$9	94.91	KS 0360465	88107	\$
Account number (see instructions) 20220108021303666556 Form 1099-R		12 FATCA filing requirement (keep for your n	\$ 9 13 Date of payment	94.91			\$ pasury - Internal Revenue Service
20220108021303666556		requirement	\$ 9 13 Date of payment	94.91			
20220108021303666556		requirement	\$ 9 13 Date of payment	94.91			
20220108021303666556 Form 1099-R	contrib. ED (if checked)	requirement	13 Date of payment ecords)	94.91	Departin		passury - Internal Revenue Service Distributions From
20220108021303666556 Form 1099-R CORRECTE PAYER'S TIN	ED (if checked)	requirement	13 Date of payment soords)				Distributions From Pensions, Annuities,
20220108021303666556 Form 1099-R	contrib. ED (if checked)	requirement	13 Date of payment soords)	94.91	Departin		Distributions From Pensions, Annuities, Retirement or
20220108021303666556 Form 1099-R CORRECT: PAYER'S TIN 04-6568107 PAYER'S name, street address, oity, state, a	ED (if checked) RECIPIENT'S TIN XXX-XX-3999 and ZIP code	requirement	13 Date of payment soords) 1 Gross distribution \$19,9	03.58	Departs OMB No. 1545-0119 2021		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance
20220108021303666556 Form 1099-R CORRECTS PAYER'S TIN 04-6568107 PAYER'S name, street address, olty, state, a FIDELITY INVESTMENTS	ED (if checked) RECIPIENT'S TIN XXX-XX-3999 and ZiP code	requirement	13 Date of payment soords) 1 Gross distribution \$19,9		Departs OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans,
CORRECTS PAYER'S TIN 04-6568107 PAYER'S name, street address, olty, state, a FIDELITY INVESTMENTS INSTITUTIONAL OPERAT	ED (if checked) RECIPIENT'S TIN XXX-XX-3999 and ZiP code	requirement	13 Date of payment soords) 1 Gross distribution \$19,9	03.58	OMB No. 1545-0119 2021 Form 1099-R	nent of the Tre	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance
PAYER'S name, street address, olty, state, a FIDELITY INVESTMENTS INSTITUTIONAL OPERATION MAGELLAN WAY KN COVINGTON, KY 41015	ED (if checked) RECIPIENT'S TIN XXX-XX-3999 and ZIP code IONS CO. IIC 5-1987	requirement (keep for your n	1 Gross distribution \$19,9 2x Taxable amount \$19,8 2b Taxable amount not determined	03.58	OMB No. 1545-0119 2021 Form 1099-R Total distribution	nent of the Tre	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2 File this copy
PAYER'S name, street address, olty, state, a FIDELITY INVESTMENTS INSTITUTIONAL OPERATION MAGELLAN WAY KM COVINGTON, KY 41015 74558	ED (if checked) RECIPIENT'S TIN XXX-XX-3999 and ZIP code SIONS CO. VIC 5-1987 1-800-425-7	requirement (keep for your n	13 Date of payment accords) 1 Gross distribution \$19,9 2a Taxable amount \$19,6 2b Taxable amount not determined 3 Capital gain (include	03.58 98.28	OMB No. 1545-0119 2021 Form 1099-R Total X distribution 4 Federal income tax w	nent of the Tre	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2 File this copy with your state,
PAYER'S name, street address, olty, state, a FIDELITY INVESTMENTS INSTITUTIONAL OPERATION MAGELLAN WAY KN COVINGTON, KY 41015	ED (if checked) RECIPIENT'S TIN XXX-XX-3999 and ZIP code SIONS CO. VIC 5-1987 1-800-425-7	requirement (keep for your n	13 Date of payment accords) 1 Gross distribution \$19,9 2a Taxable amount \$19,6 2b Taxable amount not determined 3 Capital gain (include	03.58	OMB No. 1545-0119 2021 Form 1099-R Total X distribution 4 Federal income tax w	nent of the Tre	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2 File this copy
PAYER'S name, street address, olty, state, a FIDELITY INVESTMENTS INSTITUTIONAL OPERATION MAGELLAN WAY KM COVINGTON, KY 41015 74558	ED (if checked) RECIPIENT'S TIN XXX-XX-3999 and ZIP code FIONS CO. VIC 5-1987 1-800-425-3 CURITY PLAN	requirement (keep for your n	13 Date of payment accords) 1 Gross distribution \$19,9 2a Taxable amount \$19,8 2b Taxable amount not determined 3 Capital gain (include \$2,2	98.28 d in box 2a) 252.64	OMB No. 1545-0119 2021 Form 1099-R Total X distribution 4 Federal income tax w \$3,5	ont of the Tre	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2 File this copy with your state, city, or local Income tax return, when
CORRECTS PAYER'S TIN 04-6568107 PAYER'S name, street address, olty, state, a FIDELITY INVESTMENTS INSTITUTIONAL OPERAT 100 MAGELLAN WAY KM COVINGTON, KY 41015 74558 BELLSOUTH SVGS & SEC	ED (if checked) RECIPIENT'S TIN XXX-XX-3999 and ZIP code FIONS CO. VIC 5-1987 1-800-425-3 CURITY PLAN	requirement (keep for your n	1 Gross distribution \$19,9 2a Taxable amount \$19,8 2b Taxable amount not determined 3 Capital gain (include \$2,2	03.58 98.28 d in box 2a) 252.64	OMB No. 1545-0119 2021 Form 1099-R Total X distribution 4 Federal income tax v \$3,5	withheld 979.66	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2 File this copy with your state, city, or local income tax
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