

2024 FORM 1099-R

Distributions From Pensions, Annuities, Retirement or Profit-Sharing plans, IRAs, Insurance Contracts, etc.

VANGUARD FIDUCIARY TRUST COMPANY  
PO Box 3007  
Monroe, WI 53566-8307

Important tax return document enclosed

0007092 01 AB 0.591 \*\*AUTO: TO 0 9020 29169-744999 -C02-P07099-1



REGINA T. SEARS  
100 RIVERBEND DRIVE  
APT. NO. F8  
WEST COLUMBIA, SC 29169-7449



PAYER'S Name, Street Address, City, State, and ZIP code  
VANGUARD FIDUCIARY TRUST COMPANY  
P.O. BOX 1101  
VALLEY FORGE PA 19482

RECIPIENT'S Name and Address  
REGINA T. SEARS  
100 RIVERBEND DRIVE  
APT. NO. F8  
WEST COLUMBIA, SC 29169

1 Gross distribution \$ 3,118.62		2a Taxable amount \$ 3,118.62		OMB No. 1545-0119 <b>2024</b> Form 1099-R: Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
2b Taxable amount not determined		Total distribution	X	
3 Capital gain (included in Box 2a) \$ 0.00		4 Federal income tax withheld \$ 623.72		
5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 0.00		6 Net unrealized appreciation in employer's securities \$ 0.00		<b>COPY 1</b> File this copy with your state, city, or local income tax return, when required.
7 Distribution code(s) 1	IRA/SEP/SIMPLE	8 Other \$	%	
9a Your percentage of total distribution 0 %		9b Total employee contributions \$ 0.00		
14 State tax withheld \$ 0.00		15 State/Payer's state no SC 25320352-7		16 State distribution \$ 3,118.62
PAYER'S Federal ID # 23-2186884		RECIPIENT'S ID # XXX-XX-3601		17 Local tax withheld \$ 0.00
Account Number (see instructions) 091080 2024 0000337259		13 Date of payment		18 Name of locality
19 Local distribution \$ 0.00				

Plan Name CARGILL PARTNERSHIP PLAN			
Customer service phone number 1-800-523-1188	10 Amount allocable to IRR within 5 years \$ 0.00	11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>

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