this period year to date

ANY COMPANY CORP. 475 ANY AVENUE ANYTOWN, USA 10101

Social Security Number: 987-65-4321 Taxable Marital Status: Married Exemptions/Allowances:

Federal: 3, \$25 Additional Tax State: 2 Local: 2

Farnings rate

JOHN STILES 101 MAIN STREET ANYTOWN, USA 12345

Earnings Statement

Earnings	rate	nours	uns period	year to date
Regular	10.00	32.00	320.00	16,640.00
Overtime	15.00	1.00	15.00	780.00
Holiday	10.00	8.00	80.00	4,160.00
Tuition			37.43*	1,946.80
	Gross P	ay	\$ 452.43	23,526.80
Deductions	Statutor	ry		
	Federal I	Income Tax	- 40.60	2,111.20
	Social S	ecurity Tax	- 28.05	1,458.60
	Medican	е Тах	- 6.56	341.12
	NY State	e Income Tax	- 8.43	438.36
	NYC Inc	ome Tax	- 5.94	308.88
	NY SUL/	SDI Tax	- 0.60	31.20
	Other			
	Bond		- 5.00	100.00
	401(k)		- 28.85*	1,500.20
	Stock Pl	lan	-15.00	150.00
	Life Insu	rance	- 5.00	50.00
	Loan		- 30.00	150.00
	Adjustm			
	Life Insu	rance	+ 13.50	
	Net Pay	r	\$ 291.90	

* Excluded from federal taxable wages

Your federal wages this period are \$386.15

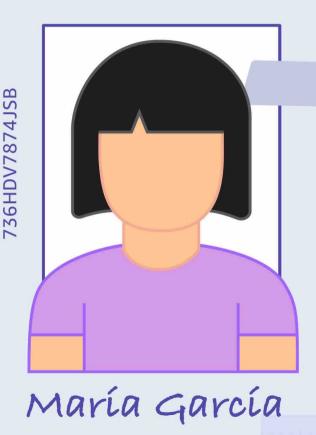
Information	this period	total to date
Group Term Life	0.51	27.00
Loan Amt Paid		840.00
Vac Hrs		40.00
Sick Hrs		16.00
Title	Operator	
Important Notes		
EFFECTIVE THIS PAY PERI	OD YOUR REGUL	AR
HOURLY RATE HAS BEEN	CHANGED FROM	\$8.00
TO \$10.00 PER HOUR.		
WE WILL BE STARTING OU	JR UNITED WAY F	UND
DRIVE SOON AND LOOK F	ORWARD TO YOU	JR
PARTICIPATION.		



THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT,

MASSACHUSETTS DRIVER LICENSE





4a ISS

4d NUMBER 03/18/2018 736HDV7874JSB

4b EXP 01/20/2028 03/18/2001

3 DOB

9 CLASS 12 REST Oa END

NONE NONE

MARIA

2 GARCIA

8 100 MARKET STREET BIGTOWN, MA, 02801

18 EYES BLK

15 **SEX F** 15 **HGT 4-6**"

5 DD 03/12/2019 REV 03/12/2017

03/18/2001

	VOID	CORRE	CTED					
PAYER'S name, street address, city or foreign postal code, and telephone		country, ZIP	1a Total o	ordinary dividends	ОМ	B No. 1545-0110		
Ana Carolina Silva		\$ 1000			2021		Dividends and	
	On va		1b Qualifi	ed dividends				Distributions
123 Any Stre	et, Any Town, USA		5 0	lacktriangle		4000 011/		
555-0199			Ψ			rm 1099-DIV	•	
333-0133			20 - 200	apital gain distr. 3000	2b ©	Unrecap. Sec. 125 300	o gain	Copy C
PAYER'S TIN	RECIPIENT'S TIN		T	n 1202 gain	2d	Collectibles (28%)	gain	For Payer
			\$ 30		\$	200	94111	
4444-5555-6666	1111-2222	2-3333			2f 3	f Section 897 capital gain		
			\$ 100	00	\$	300		
RECIPIENT'S name			3 Nondividend distributions		4	Federal income tax	withheld	
Aleiandro	Rosalez		\$ 70	000	\$	4500		For Privacy Act and Paperwork
			 	n 199A dividends	6	Investment expens	ses	Reduction Act
Street address (including apt. no.)			• 1	000	\$	600 Fareign country or II C r		Notice, see the
123 Any S	street		r Foreig	n tax paid	8	Foreign country or U.S. p	oossession	202 i Generai
City or town, state or province, coun	try, and ZIP or foreign pos	tal code	\$ 7000		\$ 1000			Instructions for Certain
			9 Cash li	quidation distributions	10	Noncash liquidation dis	istributions	
Any Town,	USA		\$	800	\$	8000		Returns.
		FATCA filing requirement		ot-interest dividends		Specified private a bond interest divide	•	
			\$	1000	\$	900		
Account number (see instructions)		2nd TIN not.	13 State	14 State identification no.	. 15	State tax withheld		
7777-8888-	.999		Any Town	7777-8888-9999	\$	8000		
1111-0000					\$	6000		

Form **1099-DIV**

www.irs.gov/Form1099DIV

Department of the Treasury - Internal Revenue Service

ACCOUNT STATEMENT

YOUR DETAILS

Jane Doe 100 Main Street, Anytown, USA 555-0100

Statement Period 1 MAY 2021 to 31 MAY 2021

Account Number

333 00875555

Account Name

Jane Doe

Email Address

Not Recorded

Your Account Balance	
Your opening account balance as at 1 MAY 2021	\$50,000.00
Your closing account balance as at 31 MAY 2021	\$123,084.85

Your account valuation							
Investment option name	Option code	Units	Unit Price \$	Value \$	%		
BT Active Balanced	210	1,3297.9090	1,300	17,287.28	40		
First choice moderate	080	2,3000.5678	100	23,005.68	30		
First choice Lifestaged	010	7,100.9876	900	63,908.89	20		
2001-09							
Perpetual Balanced growth	021	8,210.0021	230	18,883.00	10		
Account value				123,084.85	100.00		

Your insurance details					
Benefit Type	Insurance cover amount \$	Benefit amount \$			
Amount paid on Death of Terminal illness	10,000.00	17,000.00			
Amount paid upon Total and Permanent	10,000.00	17,000.00			
Disablement					

ACCOUNT STATEMENT

YOUR DETAILS

Jane Doe 100 Main Street, Anytown, USA 555-0100

Statement Period 1 MAY 2021 to 31 MAY 2021

Account Number

333 00875555

Account Name

Jane Doe

Email Address

Not Recorded

Your Account Balance	
Your opening account balance as at 1 MAY 2021	\$50,000.00
Your closing account balance as at 31 MAY 2021	\$123,084.85

Your account valuation							
Investment option name	Option code	Units	Unit Price \$	Value \$	%		
BT Active Balanced	210	1,3297.9090	1,300	17,287.28	40		
First choice moderate	080	2,3000.5678	100	23,005.68	30		
First choice Lifestaged	010	7,100.9876	900	63,908.89	20		
2001-09							
Perpetual Balanced growth	021	8,210.0021	230	18,883.00	10		
Account value				123,084.85	100.00		

Your insurance details					
Benefit Type	Insurance cover amount \$	Benefit amount \$			
Amount paid on Death of Terminal illness	10,000.00	17,000.00			
Amount paid upon Total and Permanent	10,000.00	17,000.00			
Disablement					

55555	a Employee's social security number 75395184613	OMB No. 154	5-0008					
b Employer identification number (EIN) 4963147952			1 Wages, tips, other compensation \$100.00 \$500.00					
c Employer's name, address, and John Stiles	c Employer's name, address, and ZIP code			cial security wages \$1000.00		4 Social security tax withheld \$100.00		
100 Main Stree	et, Anytown, USA		5 Me	dicare wages and tips \$500.00		are tax withheld 55000.00		
				cial security tips \$500.00	8 Allocated tips \$150.00			
d Control number 753951852			9 10 [Dependent care benefits \$5000.00		
e Employee's first name and initial Arnav	Last name Desai	Suff. M	.,,	nqualified plans \$500.00	12a 8 A	\$500.00		
			13 State emp	utory Retirement Third-party sloyee plan sick pay	12b C	\$1500.00		
100 1 01 1			14 Oth	ier	12c	\$500.00		
123 Any Street,				NA	12d B	\$1000.00		
f Employee's address and ZIP coo	le							
15 State Employer's state ID numb	er 16 State wages, tips, etc.	17 State incon	ne tax	18 Local wages, tips, etc.	19 Local inc	ome tax 20 Locality name		
Any Town 7414568313	\$50.00	\$500.00		\$100.00	\$550.00	Any Town		

Form W-2 Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2022

Department of XYZ Organaization

Homeowners Insurance Application

Named Insured(s) and Mailing Address Insurance Company

Alejandro Rosalez alciandrorosalez@example.com

XYZ Insurance

Primary Email: alejandrorosalez@example.com Primary Phone #: 555-157-0100

Alternate Phone #: 555-758-0100 Bought through: Home

Insured Property Home

NOTICE OF INSURANCE INFORMATION PRACTICES

In some insurance transactions, we may not be able to get all the information we need directly from you. In that case, we may obtain information from outside sources at our own expense. We would also like to inform you that without prior authorization, we may as permitted by law, provide information about you contained in our records and files to certain persons or organizations.

XYZ underwriting/qualification procedure and subject to applicable laws and regulations, we may obtain information regarding you and other individuals who may be covered by the insurance you are applying for, including: (i) driving necord, based on state motor vehicle reports and loss information reports; (ii) your prior insurance record, if any, which will be obtained from your current or prior carrier(s); (iii) credit reports; and (iv) claim history, based on loss information reports.

Purchase Date and Time Effective Date

454882579	188257965 14/08/2009, 09.30		20/1	0/2020	20/10/2025		
		Primary Ap	plicant In	formation			
Name							
Alejan	idro Rosalez						
Date of Birth	Gender	Marital Status		Education Lev	el		
03/02/1990	Female	Married		Undergraduate			
Existing	Policy	Drivers License N	umber	DL State	Currently Insured - Auto		
Home Insurance		765482549	19	WI	Home		
Length of Time with Current Auto Carrier			Length of Time with Prior Auto Carrier				
5 Years			3 Years				
Years with Prior	r Property Company		Type of Current Property Policy				
5 Years			H	lome			
		Co-Applie	ant Infor	mation			
Name							
Jane D	loe						
Date of Birth	Gender Marital Status		Education Level		el		
16/07/1988	Male	Married		Undergraduate			
Relationship to	Primary Applicant	Drivers License N	iumber	DL State	Currently Insured- Auto		
Spouse		193547826	5	WI	Home		
Length of Time	with Current Auto C	arrier	Length	of Time with Pric	r Auto Carrier		

5 Years			3 Years	
	1	Total Auto Clai	ms, Accidents, and Violatic	ns for all Applicants
Number of Auto Accidents Number of '		ber of Violations	Number of Comp Claims	
At-Fault	Not-at-Fault	Major	Minor	Number of Comp Craims