



Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 12-20-2017
Response Date: 12-20-2017
Tracking Number: 100363211044

Wage and Income Transcript

SSN Provided: 222-84-4265
Tax Period Requested: December, 2016

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):223330220
COLBY ENTERPRISES OF PEMBERTON INC
207 VILLAGE LANE
SOUTHAMPTON, NJ 08088-0000

Employee:

Employee's Social Security Number:222-84-4265
WILLIAM RANSOM
236 EAST DELAWARE AVE
NEWARK, DE 19711-0000

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....\$23,457.00
Federal Income Tax Withheld:.....\$388.00
Social Security Wages:.....\$2,796.00
Social Security Tax Withheld:.....\$1,454.00
Medicare Wages and Tips:.....\$23,457.00
Medicare Tax Withheld:.....\$340.00
Social Security Tips:.....\$20,661.00
Allocated Tips:.....\$0.00
Dependent Care Benefits:.....\$0.00
Deferred Compensation:.....\$0.00
Code "O" Nontaxable Combat Pay:.....\$0.00
Code "W" Employer Contributions to a Health Savings Account:.....\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation
plan:.....\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation
plan:.....\$0.00
Code "R" Employer's Contribution to MSA:.....\$0.00
Code "S" Employer's Contribution to Simple Account:.....\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:.....\$0.00
Code "V" Income from exercise of non-statutory stock options:.....\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:.....\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:.....\$0.00
Code "DD" Cost of Employer-Sponsored Health Coverage:.....\$0.00
Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b)
Plan:.....\$0.00
Third Party Sick Pay Indicator:.....Unanswered
Retirement Plan Indicator:.....Unanswered
Statutory Employee:.....Not Statutory Employee
W2 Submission Type:.....Original
W2 WHC SSN Validation Code:.....Correct SSN

Form 1098-T

Payer:

Payer's Federal Identification Number (FIN):516000297
UNIVERSITY OF DELAWARE
UNIVERSITY OF DELAWARE
NEWARK, DE 19716-0000

Recipient:

Recipient's Identification Number:222-84-4265
RANSOM WILLIAM C
316 HAMPTON ROAD
WILMINGTON, DE 19803-0000

Submission Type:.....Original document
Account Number:.....701554104
Qualified Tuition and Related Expense:.....0.00
Scholarships or Grants:.....\$230.00
Half Time Student Indicator:.....Grtr than or Eq to Half Time Student
Graduate Student Indicator:.....Not a Graduate Student
Academic Period Code:
.....Amt in Box 1 or 2 is for Period beg Jan - Mar Next Tax Year
Method of Reporting Indicator:
.....No Change in Reporting Method from the Previous Year
TIN Checkbox:.....box not marked
Amounts Billed for Qualified Tuition & Related Expenses:.....\$12,376.00
Adjustments Made for Prior Year:.....0.00
Adjustments to Scholarships or Grants for a Prior Year:.....0.00
Reimbursements/Refunds From an insurance Contract:.....0.00

Payer:

Payer's Federal Identification Number (FIN):010137770
 TD BANK N.A.
 PO BOX 5095
 MOUNT LAUREL, NJ 08054-0000

Recipient:

Recipient's Identification Number:222-84-4265
 WILLIAM C RANSOM
 316 HAMPTON RD
 WILMINGTON, DE 19803-2420

Submission Type:.....Original document
 Account Number (Optional):.....00000761009570
 Interest:.....0.00
 Tax Withheld:.....0.00
 Savings Bonds:.....0.00
 Investment Expense:.....0.00
 Interest Forfeiture:.....0.00
 Foreign Tax Paid:.....0.00
 Tax-Exempt Interest:.....0.00
 Specified Private Activity Bond Interest:.....0.00
 Market Discount:.....0.00
 Bond Premium:.....0.00
 Bond Premium on Tax Exempt Bond:.....0.00
 Bond Premium on Treasury Obligations:.....0.00
 Second Notice Indicator:.....No Second Notice
 Foreign Country or US Possession:.....
 CUSIP Number:.....+000000000000
 FATCA Filing Requirement:.....Box not checked no Filing Requirement

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