

## Wage and Income Transcript

Request Date: 01-08-2026  
Response Date: 01-08-2026  
Tracking Number: 109477810430

TIN Provided: XXX-XX-4876  
Tax Period Requested: 12-31-2024

### Form W-2 Wage and Tax Statement

**Employer:**

Employer Identification Number (EIN): XX-XXX5596  
ERNS & YOUN U LL  
1201 E

**Employee:**

Employee's Social Security Number: XXX-XX-4876  
ALEJ E PUGL  
325 LE

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$24,090.00
Federal Income Tax Withheld:	\$4,772.00
Social Security Wages:	\$24,806.00
Social Security Tax Withheld:	\$1,537.00
Medicare Wages and Tips:	\$24,806.00
Medicare Tax Withheld:	\$359.00
Deferred Compensation:	\$715.00
Code "DD" Cost of Employer-Sponsored Health Coverage:	\$1,058.00
Third Party Sick Pay Indicator:	Unanswered
Retirement Plan Indicator:	Yes - retirement plan
Statutory Employee:	Not statutory Employee
W2 Submission Type:	Original
W2 WHC SSN Validation Code:	Correct SSN

### Form 1098-E Student Loan Interest Statement

**Recipient/Lender:**

Recipient's Federal Identification Number (FIN): XX-XXX1525  
MOHE  
633 SP

**Borrower:**

Borrower's Social Security Number: XXX-XX-4876  
PUGL ALEJ  
325 LE

Submission Type: Original document  
Account Number (Optional): XXXXXX2191

Loan Origination Fees:  
Student Loan Interest Received by Lender:

Not checked - does include loan  
origination fees and/or capitalized  
interest, and the loan was made  
before September 1, 2004  
\$11,949.00

### Form 1099-G

**Payer:**

Payer's Federal Identification Number (FIN): XX-XXX6013  
STAT O NE JERS  
DEPA O TH TREA  
3 JOHN

**Recipient:**

Recipient's Identification Number: XXX-XX-4876  
PUGL ALEJ  
325 LE

Submission Type: Original document  
Account Number (Optional): XXXXXXX6455  
Prior Year Refund: \$218.00  
Year of Refund: 2023  
1099G Offset: Not Refund, Credit or Offset for  
Second TIN Notice: Trade or Business

### Form 1099-INT

**Payer:**

Payer's Federal Identification Number (FIN): XX-XXX4650  
JPMO CHAS BAN N  
PO POX

**Recipient:**

Recipient's Identification Number: XXX-XX-4876  
ALEJ PUGL  
325 LE

Submission Type: Original document  
Account Number (Optional): XXXXXXXXXXX9031  
Interest: \$41.00  
Second Notice Indicator: No second notice  
CUSIP Number:  
FATCA Filing Requirement: Box not checked no Filing Requirement

### Form 1099-INT

**Payer:**

Payer's Federal Identification Number (FIN): XX-XXX4650  
JPMO CHAS BANK N.A  
P.O. B

**Recipient:**

Recipient's Identification Number: XXX-XX-4876

ALEJ ENRI PUGL  
325 LE

Submission Type:	Original document
Account Number (Optional):	XXXXXXXX8833
Second Notice Indicator:	No second notice
CUSIP Number:	
FATCA Filing Requirement:	Box not checked no Filing Requirement

This Product Contains Sensitive Taxpayer Data
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