



This Product Contains Sensitive Taxpayer Data

Request Date: 06-12-2025  
Response Date: 06-12-2025  
Tracking Number: 108227496898

Wage and Income Transcript

SSN Provided: XXX-XX-4876  
Tax Period Requested: December, 2021

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):XXXXX5596  
ERNS  
200 PL

Employee:

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

Submission Type:.....Original document  
Wages, Tips and Other Compensation:.....\$61,906.00  
Federal Income Tax Withheld:.....\$12,796.00  
Social Security Wages:.....\$0.00  
Social Security Tax Withheld:.....\$0.00  
Medicare Wages and Tips:.....\$0.00  
Medicare Tax Withheld:.....\$0.00  
Social Security Tips:.....\$0.00  
Allocated Tips:.....\$0.00  
Dependent Care Benefits:.....\$0.00  
Deferred Compensation:.....\$0.00  
Code "Q" 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:.....\$1,302.00  
Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b)  
Plan:.....\$0.00  
Code "FF" Permitted benefits under a qualified small employer health  
reimbursement arrangement:.....\$0.00  
Code "GG" Income from Qualified Equity Grants Under Section 83(i):.....\$0.00  
Code "HH" Aggregate Deferrals Under Section 83(i) Elections as of the Close  
of the Calendar Year:.....\$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

Schedule K-1 1065

Partnership:

Partnership's Employer Identification Number:XXXXX4416  
PANA  
9 EAST

Partner:

Partner's Identifying Number:XXX-XX-4876  
ALEJ PUGL  
325 LE

Submission Type:.....Original document  
Partner Share of Capital Beginning:.....0%  
Partner Share of Capital Ending:.....20%  
IRA SEP KEOGH Indicator:.....N/A  
Beginning Tax Period:.....202101  
Ending Tax Period:.....202112  
Dividends:.....\$0.00  
Interest:.....\$0.00  
Royalties:.....\$0.00  
Ordinary Income K-1:.....-\$22,072.00  
Real Estate:.....\$0.00  
Other Rental:.....\$0.00  
Total Guaranteed Payments:.....\$0.00  
Section 179 Expenses:.....\$0.00  
Short Term Capital Gain:.....\$0.00  
Long Term Capital Gain:.....\$0.00  
Part III Other Income (Loss):.....\$0.00  
Part III Other Deduction:.....\$0.00  
Nonrecourse Beginning:.....\$0.00  
Nonrecourse Ending:.....\$0.00  
Qualified Nonrecourse Beginning:.....\$0.00  
Qualified Nonrecourse Ending:.....\$0.00  
Recourse Beginning:.....\$0.00  
Recourse Ending:.....\$0.00  
Dividend Equivalents:.....\$0.00

Form 1098-T

Payer:

Payer's Federal Identification Number (FIN):XXXXX6973  
YALE  
246 CH

Recipient:

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

Submission Type:.....Original document  
Account Number (Optional):.....XXXXXXXXXXXXX0185

Qualified Tuition and Related Expense:.....\$33,156.00  
Scholarships or Grants:.....\$10,000.00  
Half Time Student Indicator:.....Grtr than or Eq to Half Time Student  
Graduate Student Indicator:.....Graduate Student  
Academic Period Code:.....N/A  
TIN Checkbox:.....box marked  
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

Form 1098-E Student Loan Interest Statement

Recipient/Lender:

Recipient's Federal Identification Number (FIN):XXXXX2489  
UNIV  
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Borrower:

Borrower's Social Security Number:XXX-XX-4876  
ALEJ ENRI PUGL  
1480 N

Submission Type:.....Original document  
Account Number (Optional):.....XXXXXXXXXXXXXXXX1013  
Loan Origination Fees:  
Checked - does not include loan origination fees and/or capitalized interest,  
and the loan was made before September 1, 2004  
Student Loan Interest Received by Lender:.....\$1,169.00

Form 1099-G

Payer:

Payer's Federal Identification Number (FIN):XXXXX3200  
STAT  
110 ST

Recipient:

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

Submission Type:.....Original document  
Account Number (Optional):.....XXXX5577  
RTAA Payments:.....\$0.00  
Tax Withheld:.....\$0.00  
Taxable Grants:.....\$0.00  
Unemployment Compensation:.....\$0.00  
Agricultural Subsidies:.....\$0.00  
Prior Year Refund:.....\$1,005.00  
Market gain on Commodity Credit Corporation loans repaid:.....\$0.00  
Year of Refund:.....2020  
1099G Offset:.....Not Refund, Credit, or Offset for Trade or Business  
Second TIN Notice:.....

Form 1099-INT

Payer:

Payer's Federal Identification Number (FIN):XXXXX6470  
CITI  
100 CI

Recipient:

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

Submission Type:.....Original document  
Account Number (Optional):.....XXXXXXXXXXXXXXXXX9570  
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:.....Second Notice Issued  
Foreign Country or US Possession:.....  
CUSIP Number:.....  
FATCA Filing Requirement:.....Box not checked no Filing Requirement

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