



This Product Contains Sensitive Taxpayer Data

Request Date: 06-19-2025  
Response Date: 06-19-2025  
Tracking Number: 108263100064

Wage and Income Transcript

SSN Provided: XXX-XX-4876  
Tax Period Requested: December, 2024

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):XXXXXX5596  
ERNS  
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
Social Security Tips:	\$0.00
Allocated Tips:	\$0.00
Dependent Care Benefits:	\$0.00
Deferred Compensation:	\$715.00
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:	\$1,058.00
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
Code "II" Medicaid waiver payments excluded from gross income:	\$0.00

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):XXXXX1525  
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:

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

Student Loan Interest Received by Lender:.....\$11,949.00

Form 1099-G

Payer:

Payer's Federal Identification Number (FIN):XXXXX6013  
STAT  
3 JOHN

Recipient:

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

Submission Type:.....Original document  
Account Number (Optional):.....XXXXXXX6455

RTAA Payments:.....\$0.00

Tax Withheld:.....\$0.00

Taxable Grants:.....\$0.00

Unemployment Compensation:.....\$0.00

Agricultural Subsidies:.....\$0.00

Prior Year Refund:.....\$218.00

Market gain on Commodity Credit Corporation loans repaid:.....\$0.00

Year of Refund:.....2023

1099G Offset:.....Not Refund, Credit, or Offset for Trade or Business

Second TIN Notice:.....

Form 1099-INT

Payer:

Payer's Federal Identification Number (FIN):XXXXX4650  
JPMO  
PO POX

Recipient:

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

Submission Type:.....Original document  
Account Number (Optional):.....XXXXXXXXXXXX9031  
Interest:.....\$41.00  
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:.....  
FATCA Filing Requirement:.....Box not checked no Filing Requirement

Form 1099-INT

Payer:

Payer's Federal Identification Number (FIN):XXXXXX4650  
JPMO  
P.O. B

Recipient:

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

Submission Type:.....Original document  
Account Number (Optional):.....XXXXXXXX8833  
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:.....  
FATCA Filing Requirement:.....Box not checked no Filing Requirement