



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):XXXXX5596
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):XXXXXX1525
MOHE
633 SP

Borrower:

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

Submission Type:.....Original document
Account Number (Optional):.....XXXXXXX2191
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):XXXXXX6013
STAT
3 JOHN

Recipient:

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

Submission Type:.....Original document
Account Number (Optional):.....XXXXXXXX6455
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):XXXXXX4650
JPMO
PO POX

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

Submission Type:.....Original document
Account Number (Optional):.....XXXXXXXXXX9031
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):XXXXX4650
JPMO
P.O. B

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

Submission Type:.....Original document
Account Number (Optional):.....XXXXXXXXX8833
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