Pay date:

7/18/2008 7/25/2008

JOHN STILES 101 MAIN STREET ANYTOWN, USA 12345

TO \$10.00 PER HOUR.

ANY COMPANY CORP. 475 ANY AVENUE

ANYTOWN, USA 10101

Social Security Number: 987-65-4321 Taxable Marital Status: Married Exemptions/Allowances: Federal: 3, \$25 Additional Tax

State: 2 Local: 2

Earnings rate hours this period year to date Regular 10.00 32.00 320.00 16.640.00 Overtime 15.00 1.00 15.00 780.00 4,160.00 Holiday 10.00 8.00 80.00 Tuition 37.43* 1,946.80 **Gross Pay** \$ 452.43 23,526,80

Deductions

Statutory	100	
Federal Income Tax	- 40.60	2,111.20
Social Security Tax	- 28.05	1,458.60
Medicare Tax	- 6.56	341.12
NY State Income Tax	- 8.43	438.36
NYC Income Tax	- 5.94	308.88
NY SUI/SDI Tax	- 0.60	31.20
Other		
Bond	- 5.00	100.00
401(k)	- 28.85*	1,500.20
Stock Plan	-15.00	150.00
Life Insurance	- 5.00	50.00
Loan	- 30.00	150.00
Adjustment		
Life Incurance	. 12 EO	

\$ 291.90

* Excluded from federal taxable wages

Net Pay

Your federal wages this period are \$386.15

Other Benefits and Information this period total to date Group Term Life 27.00 0.51 Loan Amt Paid 840.00 Vac Hrs 40.00 Sick Hrs 16.00 Title Operator

Important Notes EFFECTIVE THIS PAY PERIOD YOUR REGULAR HOURLY RATE HAS BEEN CHANGED FROM \$8.00

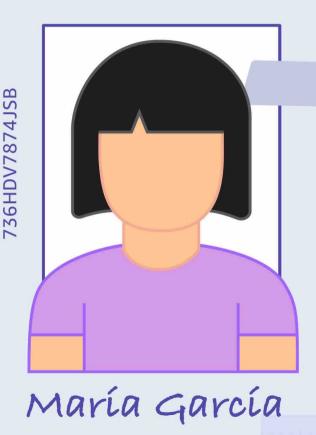
WE WILL BE STARTING OUR UNITED WAY FUND DRIVE SOON AND LOOK FORWARD TO YOUR PARTICIPATION



THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT,

MASSACHUSETTS DRIVER LICENSE





4a ISS

4d NUMBER 03/18/2018 736HDV7874JSB

4b EXP 01/20/2028 03/18/2001

3 DOB

9 CLASS 12 REST Oa END

NONE NONE

MARIA

2 GARCIA

8 100 MARKET STREET BIGTOWN, MA, 02801

18 EYES BLK

15 **SEX F** 15 **HGT 4-6**"

5 DD 03/12/2019 REV 03/12/2017

03/18/2001

ACCOUNT STATEMENT

YOUR DETAILS

Jane Doe 100 Main Street, Anytown, USA 555-0100

Statement Period 1 MAY 2021 to 31 MAY 2021

Account Number

333 00875555

Account Name

Jane Doe

Email Address

Not Recorded

Your Account Balance	
Your opening account balance as at 1 MAY 2021	\$50,000.00
Your closing account balance as at 31 MAY 2021	\$123,084.85

Your account valuation						
Investment option name	Option code	Units	Unit Price \$	Value \$	%	
BT Active Balanced	210	1,3297.9090	1,300	17,287.28	40	
First choice moderate	080	2,3000.5678	100	23,005.68	30	
First choice Lifestaged	010	7,100.9876	900	63,908.89	20	
2001-09						
Perpetual Balanced growth	021	8,210.0021	230	18,883.00	10	
Account value				123,084.85	100.00	

Your insurance details				
Benefit Type	Insurance cover amount \$	Benefit amount \$		
Amount paid on Death of Terminal illness	10,000.00	17,000.00		
Amount paid upon Total and Permanent	10,000.00	17,000.00		
Disablement				

55555	a Employee's social security number 75395184613	OMB No. 154	5-0008				
b Employer identification number (EIN) 4963147952			1 Wages, tips, other compensation \$100.00 \$500.00				
c Employer's name, address, and ZIP code John Stiles			3 Social security wages \$1000.00			4 Social security tax withheld \$100.00	
100 Main Street, Anytown, USA			5 Medicare wages and tips \$500.00		6 Medicare tax withheld \$5000.00		
			7 Social security tips 8 Alloca \$500.00		\$150.00		
d Control number 753951852			9 10 Dependent care benefits \$5000.00				
e Employee's first name and initial Last name Suff. Arnav Desai M		.,,	nqualified plans \$500.00	12a 8 A	\$500.00		
,		13 State emp	utory Retirement Third-party sloyee plan sick pay	12b C	\$1500.00		
		14 Oth	ier	12c	\$500.00		
123 Any Street, Any Town, USA			NA	12d B	\$1000.00		
f Employee's address and ZIP coo	le						
15 State Employer's state ID numb	er 16 State wages, tips, etc.	17 State incon	ne tax	18 Local wages, tips, etc.	19 Local inc	ome tax 20 Locality name	
Any Town 7414568313	\$50.00	\$500.00		\$100.00	\$550.00	Any Town	

Form W-2 Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2022

Department of XYZ Organaization

Homeowners Insurance Application

Named Insured(s) and Mailing Address Insurance Company

Alejandro Rosalez alciandrorosalez@example.com

XYZ Insurance

Primary Email: alejandrorosalez@example.com Primary Phone #: 555-157-0100

Alternate Phone #: 555-758-0100 Bought through: Home

Insured Property Home

NOTICE OF INSURANCE INFORMATION PRACTICES

In some insurance transactions, we may not be able to get all the information we need directly from you. In that case, we may obtain information from outside sources at our own expense. We would also like to inform you that without prior authorization, we may as permitted by law, provide information about you contained in our records and files to certain persons or organizations.

XYZ underwriting/qualification procedure and subject to applicable laws and regulations, we may obtain information regarding you and other individuals who may be covered by the insurance you are applying for, including: (i) driving necord, based on state motor vehicle reports and loss information reports; (ii) your prior insurance record, if any, which will be obtained from your current or prior carrier(s); (iii) credit reports; and (iv) claim history, based on loss information reports.

Purchase Date and Time Effective Date

454882579	45488257965 14/08/2009, 09.30		20/1	0/2020	20/10/2025
		Primary Ap	plicant In	formation	
Name					
Alejan	idro Rosalez				
Date of Birth	Gender	Marital Status		Education Lev	el
03/02/1990	Female	Married		Undergraduate	
Existing	Policy	Drivers License N	umber	DL State	Currently Insured - Auto
Home Insurance		765482549	19	WI	Home
Length of Time	with Current Auto C	arrier	Length of Time with Prior Auto Carrier		
5 Years			3 Years		
Years with Prio	r Property Company		Type of	Current Propert	y Policy
5 Years			H	lome	
		Co-Applie	ant Infor	mation	
Name					
Jane D	loe				
Date of Birth	Gender	Marital Status		Education Level	
16/07/1988	Male	Married		Undergraduate	
Relationship to	Primary Applicant	imary Applicant Drivers License Number		DL State	Currently Insured- Auto
Spouse		193547826	5	WI	Home
Length of Time with Current Auto Carrier			Length	of Time with Pric	r Auto Carrier

5 Years 3 Years				
		Fotal Auto Clai	ms, Accidents, and Violatic	ons for all Applicants
Number of Auto Accidents Number of Violations		Number of Comp Claims		
At-Fault	Not-at-Fault	Major	Minor	Number of Comp Craims