



Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 01-10-2021
Response Date: 01-10-2021
Tracking Number: 100610978169

Wage and Income Transcript

SSN Provided: XXX-XX-8460
Tax Period Requested: December, 2018

Form W-2 Wage and Tax Statement

Employer:
Employer Identification Number (EIN):XXXXX1035
SMIL
1157 W

Employee:
Employee's Social Security Number:XXX-XX-8460
SALI AWAI
1157 W

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....\$21,000.00
Federal Income Tax Withheld:.....\$5,301.00
Social Security Wages:.....\$21,000.00
Social Security Tax Withheld:.....\$1,302.00
Medicare Wages and Tips:.....\$21,000.00
Medicare Tax Withheld:.....\$304.00
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:.....\$0.00
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 1120S Shareholder's Share of Income, Credits, Deductions, etc.

Corporation:
Corporation's Employer Identification Number:XXXXX1035
SMIL
1157 W

Shareholder:
Shareholder's Identifying Number:XXX-XX-8460
SALI AWI
1157 W

Submission Type:.....Original document
Dividends:.....\$0.00
Interest:.....\$0.00
Royalties:.....\$0.00
Ordinary Income K-1:.....\$9,932.00
Real Estate:.....\$0.00
Other Rental:.....\$0.00
Section 179 Expenses:.....\$0.00
Short Term Capital Gain:.....\$0.00
Long Term Capital Gain:.....\$0.00
Credits:.....\$0.00
Part III Other Income Loss:.....\$0.00
Part III Other Deduction:.....\$0.00
Credits Code 1:.....Insignificant
Credits Code 2:.....Insignificant
Shareholder's Percentage of Stock:.....100%
Beginning Tax Period:.....201808

Ending Tax Period:.....201812

Form 1098-T

Payer:

Payer's Federal Identification Number (FIN):XXXXX0511
UNIV
809 S.

Recipient:

Recipient's Identification Number:XXX-XX-8460
AWAI SALI
1157 W

Submission Type:.....Original document
Account Number (Optional):.....XXXXXXXXXXXXX4560
Qualified Tuition and Related Expense:.....\$39,850.00
Scholarships or Grants:.....\$0.00
Half Time Student Indicator:.....Grtr than or Eq to Half Time Student
Graduate Student Indicator:.....Graduate Student
Academic Period Code:.....Academic Period Box Not Checked
Method of Reporting Indicator:
.....Change in Reporting Method from the Previous year
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):XXXXX8289
MOHE
633 SP

Borrower:

Borrower's Social Security Number:XXX-XX-8460
AWAI SALI
1157 W

Submission Type:.....Original document
Account Number (Optional):.....XXXXXX2005
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:.....\$44,664.00

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