



Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 12-09-2020
Response Date: 12-09-2020
Tracking Number: 100596156868

Wage and Income Transcript

SSN Provided: XXX-XX-7699
Tax Period Requested: December, 2019

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):XXXXX5783
GARD
166 MO

Employee:

Employee's Social Security Number:XXX-XX-7699
OSCA LENI
1151 B

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....\$6,750.00
Federal Income Tax Withheld:.....\$455.00
Social Security Wages:.....\$6,750.00
Social Security Tax Withheld:.....\$418.00
Medicare Wages and Tips:.....\$6,750.00
Medicare Tax Withheld:.....\$97.00
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

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):XXXXX9334
1151
166 MO

Employee:

Employee's Social Security Number:XXX-XX-7699
OSCA LENI
1151 B

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....\$45,600.00
Federal Income Tax Withheld:.....\$3,494.00
Social Security Wages:.....\$45,600.00
Social Security Tax Withheld:.....\$2,827.00
Medicare Wages and Tips:.....\$45,600.00
Medicare Tax Withheld:.....\$661.00
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

Form W-2 Wage and Tax Statement

Employer:
Employer Identification Number (EIN):XXXXX9041
L&A
DBA SA

Employee:
Employee's Social Security Number:XXX-XX-7699
OSCA LENI
1077 L

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....\$8,400.00
Federal Income Tax Withheld:.....\$409.00
Social Security Wages:.....\$8,400.00
Social Security Tax Withheld:.....\$520.00
Medicare Wages and Tips:.....\$8,400.00
Medicare Tax Withheld:.....\$121.00
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:XXXXX6607
J &
1077 L

Shareholder:
Shareholder's Identifying Number:XXX-XX-7699
OSCA LENI
1077 L

Submission Type:.....Original document
Dividends:.....\$0.00
Interest:.....\$0.00
Royalties:.....\$0.00
Ordinary Income K-1:.....\$0.00
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:.....201901
Ending Tax Period:.....201912

Form 1098 Mortgage Interest Statement

Recipient/Lender:

Recipient's Federal Identification Number (FIN):XXXXX1971
NEWB
PO BOX

Payer/Borrower:

Payer's Social Security Number:XXX-XX-7699
LENI OSCA
1077 L

Submission Type:.....Original document
Account Number (Optional):.....XXXXXX6451
Mortgage Interest Received from Payer(s)/Borrower(s):.....\$5,847.00
Points Paid on Purchase of Principal Residence:.....\$0.00
Refund of Overpaid Interest:.....\$0.00
Mortgage Insurance Premiums:.....\$1,737.00
Outstanding Mortgage Principle:.....\$270,929.00
Mortgage Origination Date:.....05-02-2014
Property Address Verification:.....
Address of property securing Mortgage:.....1077 L
Description of Property:.....
Other information from recipient:.....
The number of mortgaged properties:.....00000000
Mortgage Acquisition Date:.....00-00-0000

Form 1099-MISC

Payer:

Payer's Federal Identification Number (FIN):XXXXX0645
WASH
166 MO

Recipient:

Recipient's Identification Number:XXX-XX-7699
OSCA LENI
1151 B

Submission Type:.....Original document
Account Number (Optional):.....2948
Tax Withheld:.....0.00
Non-Employee Compensation:.....\$5,000.00
Medical Payments:.....0.00
Fishing Income:.....0.00
Rents:.....0.00
Royalties:.....0.00
Other Income:.....0.00
Substitute Payments for Dividends:.....0.00
Excess Golden Parachute:.....0.00
Crop Insurance:.....0.00
Attorney Fees:.....0.00
Foreign Tax Paid:.....0.00
Section 409A Deferrals:.....0.00
Section 409A Income:.....0.00
Direct Sales Indicator:.....Not Direct Sales
FATCA Filing Requirement:.....Box not checked no Filing Requirement
Second Notice Indicator:.....No Second Notice

Form 1099-MISC

Payer:

Payer's Federal Identification Number (FIN):XXXXX3471
1035
166 MO

Recipient:

Recipient's Identification Number:XXX-XX-7699
OSCA LENI
1151 B

Submission Type:.....Original document
Account Number (Optional):.....2948
Tax Withheld:.....0.00
Non-Employee Compensation:.....\$41,000.00
Medical Payments:.....0.00
Fishing Income:.....0.00
Rents:.....0.00
Royalties:.....0.00
Other Income:.....0.00
Substitute Payments for Dividends:.....0.00
Excess Golden Parachute:.....0.00
Crop Insurance:.....0.00
Attorney Fees:.....0.00
Foreign Tax Paid:.....0.00
Section 409A Deferrals:.....0.00
Section 409A Income:.....0.00
Direct Sales Indicator:.....Not Direct Sales
FATCA Filing Requirement:.....Box not checked no Filing Requirement
Second Notice Indicator:.....No Second Notice

Form 1099-MISC

Payer:

Payer's Federal Identification Number (FIN):XXXXX9334

1151
166 MO

Recipient:
Recipient's Identification Number:XXX-XX-7699
OSCA LENI
1151 B

Submission Type:.....Original document
Account Number (Optional):.....2948
Tax Withheld:.....0.00
Non-Employee Compensation:.....\$69,235.00
Medical Payments:.....0.00
Fishing Income:.....0.00
Rents:.....0.00
Royalties:.....0.00
Other Income:.....0.00
Substitute Payments for Dividends:.....0.00
Excess Golden Parachute:.....0.00
Crop Insurance:.....0.00
Attorney Fees:.....0.00
Foreign Tax Paid:.....0.00
Section 409A Deferrals:.....0.00
Section 409A Income:.....0.00
Direct Sales Indicator:.....Not Direct Sales
FATCA Filing Requirement:.....Box not checked no Filing Requirement
Second Notice Indicator:.....No Second Notice

Form 1099-MISC

Payer:
Payer's Federal Identification Number (FIN):XXXXX1450
HALB
166 MO

Recipient:
Recipient's Identification Number:XXX-XX-7699
OSCA LENI
1151 B

Submission Type:.....Original document
Account Number (Optional):.....2948
Tax Withheld:.....0.00
Non-Employee Compensation:.....\$30,000.00
Medical Payments:.....0.00
Fishing Income:.....0.00
Rents:.....0.00
Royalties:.....0.00
Other Income:.....0.00
Substitute Payments for Dividends:.....0.00
Excess Golden Parachute:.....0.00
Crop Insurance:.....0.00
Attorney Fees:.....0.00
Foreign Tax Paid:.....0.00
Section 409A Deferrals:.....0.00
Section 409A Income:.....0.00
Direct Sales Indicator:.....Not Direct Sales
FATCA Filing Requirement:.....Box not checked no Filing Requirement
Second Notice Indicator:.....No Second Notice

Form 1099-MISC

Payer:
Payer's Federal Identification Number (FIN):XXXXX3206
FISC
166 MO

Recipient:
Recipient's Identification Number:XXX-XX-7699
OSCA LENI
1151 B

Submission Type:.....Original document
Account Number (Optional):.....2948
Tax Withheld:.....0.00
Non-Employee Compensation:.....\$23,000.00
Medical Payments:.....0.00
Fishing Income:.....0.00
Rents:.....0.00
Royalties:.....0.00
Other Income:.....0.00
Substitute Payments for Dividends:.....0.00
Excess Golden Parachute:.....0.00
Crop Insurance:.....0.00
Attorney Fees:.....0.00
Foreign Tax Paid:.....0.00
Section 409A Deferrals:.....0.00
Section 409A Income:.....0.00
Direct Sales Indicator:.....Not Direct Sales
FATCA Filing Requirement:.....Box not checked no Filing Requirement
Second Notice Indicator:.....No Second Notice

Form 1099-MISC

Payer:
Payer's Federal Identification Number (FIN):XXXXX1434
TAND
166 MO

Recipient:
Recipient's Identification Number:XXX-XX-7699
OSCA LENI
1151 B

Submission Type:.....Original document
Account Number (Optional):.....2948
Tax Withheld:.....0.00
Non-Employee Compensation:.....\$9,500.00
Medical Payments:.....0.00
Fishing Income:.....0.00
Rents:.....0.00
Royalties:.....0.00
Other Income:.....0.00
Substitute Payments for Dividends:.....0.00
Excess Golden Parachute:.....0.00
Crop Insurance:.....0.00
Attorney Fees:.....0.00
Foreign Tax Paid:.....0.00
Section 409A Deferrals:.....0.00
Section 409A Income:.....0.00
Direct Sales Indicator:.....Not Direct Sales
FATCA Filing Requirement:.....Box not checked no Filing Requirement
Second Notice Indicator:.....No Second Notice

This Product Contains Sensitive Taxpayer Data