anadrol

053.314.328-40 Identificação

custom\_dictionaries\_only

custom\_terms\_only

STUDENT TRANSCRIPT

Official Transcript

School's Name School's Complete Address

Student's Name

Student's Social Security Number\_

Student's Address

Street Address

Apt. #

City

State

Zip

Student's Program Title:

Program Title

Enrollment Date Required Hours Completion Date Hours Completed Final Grade Grade Point Average

Number of Transfer Hours (if applicable)

Transfer Hours Accepted From (Name of School and Address)

in Program/Course(s)

Signature of School Official Official’s Title Date Raised Seal of School

A (Excellent)

B (Above Average)

C (Average)

D (Below Average)

F (Failure)

WP - Withdrew Passing WF - Withdrew Failing Inc. - Incomplete

93%-100% 4.0

85%-92% 3.0

75% - 84% 2.0

70% - 74% 1.0

Any grade falling below the school's graduation requirement of 70% (The above sample grades are aligned with recommendations from national accreditating agencies and various state agencies. It is the responsibility of each school to set their grading policy.)

Sample Student Transcript Form/2004

-----BEGIN CERTIFICATE REQUEST-----

MIIByzCCATQCAQAwYjELMAkGA1UEBhMCVVMxETAPBgNVBAgTCE5ldyBZb3JrMRUw

EwYDVQQHEwxQb3VnaGtlZXBzaWUxDDAKBgNVBAoTA0lCTTEMMAoGA1UECxMDVFBG

MQ0wCwYDVQQDEwRFdmFuMIGfMA0GCSqGSIb3DQEBAQUAA4GNADCBiQKBgQCnkt1r

eFpFaWnDkfgFplUVjPzZdWhhJoDODNxg3VX57whCEBAcCxRqSgoIZEJResd47i4M

Hhd1tKNGyHn7oiMROk/wDqyx1CMyqiVXzwiaUNSIc7aXJGqf+UPY/dsq93RC2OY2

8rT++uMLTzWgU+4mMdyHfY7HLoANMaHLJnOjZwIDAQABoCkwEgYJKoZIhvcNAQkC

MQUTA0lCTTATBgkqhkiG9w0BCQcxBhMEZXZhbjANBgkqhkiG9w0BAQQFAAOBgQAZ

qRpqyj4c6/WpT9Vuw3ryWXwcViHR1qQloyNyWj6SC5/xKS+TZEEtTZ5AhCe6Q4V7

2Dr/nkoZRzpHMv5mUtbbKYZZFr6nivk5pl8Bzhd6jZ4hithMN+VzjH42JwCz7Bp+

eR5ARlXmQsq13WmXirAIKuy1DaBW50iOekJJUnYLCg==

-----END CERTIFICATE REQUEST-----Form 1099-R

OMB No. 1545-0115

2016

PAYER’S name, street address, city or town, state or province, country, ZIP

or foreign postal code, and telephone no :

Z Builders

934 Cobblestone Court, Kingston, New York 12401

PAYER’S federal identification number : 846-6220742

RECIPIENT’S identification number : 846-6221234

RECIPIENT’S name : ALex Smith

Street address (including apt. no.) : 10th Floor, 100 South Main Street

City or town, state or province, country, and ZIP or foreign postal code :

Los Angeles, California 90012

Account number (see instructions) : 1284930494

FATCA filing 2nd TIN not. 13 Excess golden parachute

requirement

1 Rents : $ 1200.00

2 Royalties : $ 500.00

3 Other income : $ 1000.00

4 Federal income tax withheld : 230.00

5 Fishing boat proceeds : 900.00

6 Medical and health care payments : $ 560.00

7 Nonemployee compensation

8 Substitute payments in lieu of dividends or interest : $ 100.00

9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale

10 Crop insurance proceeds : $ 100.00

13 Excess golden parachute payments $ 100.00

14 Gross proceeds paid to an attorney $ 600

15a Section 409A deferrals

15b Section 409A income

15b Section 409A income

16 State tax withheld

17 State/Payer’s state no. PA 3333333

18 State Income 4,567.00

Form 1099-MISC www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service