



This Product Contains Sensitive Taxpayer Data

Request Date: 02-02-2023
Response Date: 02-02-2023
Tracking Number: 103686797152

Wage and Income Transcript

SSN Provided: XXX-XX-9615
Tax Period Requested: December, 2021

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):XXXXX1705
POPS
907 WE

Employee:

Employee's Social Security Number:XXX-XX-9615
KUR BRAG
412 1/

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....\$100,000.00
Federal Income Tax Withheld:.....\$885.00
Social Security Wages:.....\$100,000.00
Social Security Tax Withheld:.....\$6,200.00
Medicare Wages and Tips:.....\$100,000.00
Medicare Tax Withheld:.....\$1,450.00
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):XXXXX3087
NFT
23 CAN

Employee:

Employee's Social Security Number:XXX-XX-9615
KUR M BRAG
5724 S

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....\$283,333.00
Federal Income Tax Withheld:.....\$82,559.00
Social Security Wages:.....\$142,800.00
Social Security Tax Withheld:.....\$8,853.00
Medicare Wages and Tips:.....\$283,333.00
Medicare Tax Withheld:.....\$4,858.00
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:XXXXX1705
POPS
907 WE

Shareholder:
Shareholder's Identifying Number:XXX-XX-9615
KUR BRAG
412 12

Submission Type:.....	Original document
Dividends:.....	\$0.00
Interest:.....	\$0.00
Royalties:.....	\$0.00
Ordinary Income K-1:.....	\$250,285.00
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:.....	0.00%
Beginning Tax Period:.....	202101
Ending Tax Period:.....	202112

Schedule K-1 1120S Shareholder's Share of Income, Credits, Deductions, etc.

Corporation:
Corporation's Employer Identification Number:XXXXX1705
POPS
907 WE

Shareholder:
Shareholder's Identifying Number:XXX-XX-9615
KUR BRAG
412 12

Submission Type:.....	Amended document
Dividends:.....	\$0.00
Interest:.....	\$0.00
Royalties:.....	\$0.00
Ordinary Income K-1:.....	\$244,245.00
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:.....	0.00%
Beginning Tax Period:.....	202101
Ending Tax Period:.....	202112

Form 1099-INT

Payer:

Payer's Federal Identification Number (FIN):XXXXX7393
WELL
P.O. B

Recipient:

Recipient's Identification Number:XXX-XX-9615
KURT M BRAG
5724 S

Submission Type:.....Original document
Account Number (Optional):.....XXXXXXXXXXXXXXXXX0583
Interest:.....\$13.00
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):XXXXX7393
WELL
PO BOX

Recipient:

Recipient's Identification Number:XXX-XX-9615
KURT M BRAG
5724 S

Submission Type:.....Original document
Account Number (Optional):.....XXXX95T2
Interest:.....\$24.00
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-MISC

Payer:

Payer's Federal Identification Number (FIN):XXXXX8864
A ME
548 MA

Recipient:

Recipient's Identification Number:XXX-XX-9615
KUR BRAG
412 12

Submission Type:.....Original document
Account Number (Optional):.....
Tax Withheld:.....\$0.00
Medical Payments:.....\$0.00
Fishing Income:.....\$0.00
Rents:.....\$0.00
Royalties:.....\$12.00
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
Nonqualified deferred compensation:.....\$0.00
Fish Purchased for Resale:.....\$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