



This Product Contains Sensitive Taxpayer Data

Request Date: 06-16-2023  
Response Date: 06-16-2023  
Tracking Number: 104717730538

Wage and Income Transcript

SSN Provided: XXX-XX-9615  
Tax Period Requested: December, 2022

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:.....\$30,000.00  
Federal Income Tax Withheld:.....\$845.00  
Social Security Wages:.....\$30,000.00  
Social Security Tax Withheld:.....\$1,860.00  
Medicare Wages and Tips:.....\$30,000.00  
Medicare Tax Withheld:.....\$435.00  
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):XXXXX9205  
NFT  
GENIUS

Employee:

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

Submission Type:.....Original document  
Wages, Tips and Other Compensation:.....\$265,517.00  
Federal Income Tax Withheld:.....\$62,718.00  
Social Security Wages:.....\$146,999.00  
Social Security Tax Withheld:.....\$9,114.00  
Medicare Wages and Tips:.....\$273,517.00  
Medicare Tax Withheld:.....\$4,627.00  
Social Security Tips:.....\$0.00  
Allocated Tips:.....\$0.00  
Dependent Care Benefits:.....\$0.00  
Deferred Compensation:.....\$8,000.00  
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:.....\$5,930.00  
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:.....Yes - retirement plan  
Statutory Employee:.....Not Statutory Employee  
W2 Submission Type:.....Original  
W2 WHC SSN Validation Code:.....Correct SSN

Form 1098 Mortgage Interest Statement

Recipient/Lender:

Recipient's Federal Identification Number (FIN):XXXXX5996  
PHH  
1661 W

Payer/Borrower:  
Payer's Social Security Number:XXX-XX-9615  
KURT BRAG  
662 MO

Submission Type:.....Original document  
Account Number (Optional):.....XXXXXXXXXX7753  
Mortgage Interest Received from Payer(s)/Borrower(s):.....\$20,410.00  
Points Paid on Purchase of Principal Residence:.....\$0.00  
Refund of Overpaid Interest:.....\$0.00  
Mortgage Insurance Premiums:.....\$0.00  
Outstanding Mortgage Principle:.....\$760,750.00  
Mortgage Origination Date:.....01-08-2022  
Property Address Verification:.....  
Address of property securing Mortgage:.....662 MO  
Other information from recipient:.....  
The number of mortgaged properties:.....000000000000  
Mortgage Acquisition Date:.....03-01-2022

#### Form 1098 Mortgage Interest Statement

Recipient/Lender:  
Recipient's Federal Identification Number (FIN):XXXXX8714  
AUGU  
25129

Payer/Borrower:  
Payer's Social Security Number:XXX-XX-9615  
BRAG KURT  
662 MO

Submission Type:.....Original document  
Account Number (Optional):.....XXXXX1378  
Mortgage Interest Received from Payer(s)/Borrower(s):.....\$1,510.00  
Points Paid on Purchase of Principal Residence:.....\$0.00  
Refund of Overpaid Interest:.....\$0.00  
Mortgage Insurance Premiums:.....\$0.00  
Outstanding Mortgage Principle:.....\$760,750.00  
Mortgage Origination Date:.....01-10-2022  
Property Address Verification:  
the address of the property securing the mortgage is the same as the  
payer's/borrower's  
Address of property securing Mortgage:.....662 MO  
Other information from recipient:.....  
The number of mortgaged properties:.....000000000000  
Mortgage Acquisition Date:.....00-00-0000

#### Form 1099-DIV

Payer:  
Payer's Federal Identification Number (FIN):XXXXX4776  
ROBI  
85 WIL

Recipient:  
Recipient's Identification Number:XXX-XX-9615  
KUR BRAG  
385 WA

Submission Type:.....Original document  
Account Number (Optional):.....XXXXXX7300  
Tax Withheld:.....\$0.00  
Capital Gains:.....\$0.00  
Non-Dividend Distribution:.....\$0.00  
Cash Liquidation Distribution:.....\$0.00  
Non-Cash Liquidation Distribution:.....\$0.00  
Investment Expense:.....\$0.00  
Ordinary Dividend:.....\$0.00  
Collectibles (28%) Gain:.....\$0.00  
Unrecaptured Section 1250 Gain:.....\$0.00  
Section 1202 Gain:.....\$0.00  
Foreign Tax Paid:.....\$0.00  
Qualified Dividends:.....\$0.00  
Section 199A REIT Dividends:.....\$0.00  
Second Notice Indicator:.....No Second Notice  
FATCA Filing Requirement:.....Box not checked no Filing Requirement  
Exempt Interest Dividends:.....\$0.00  
Specified Private Activity Bond Interest Dividend:.....\$0.00  
Section 897 Ordinary Dividends:.....\$0.00  
Section 897 Capital Gain:.....\$0.00

Form 1099-INT

Payer:  
Payer's Federal Identification Number (FIN):XXXXXX5996  
PHH  
1661 W

Recipient:  
Recipient's Identification Number:XXX-XX-9615  
KURT BRAG  
662 MO

Submission Type:.....Original document  
Account Number (Optional):.....XXXXXXXXXX7753  
Interest:.....\$203.00  
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):XXXXX8424  
U S  
1111 C

Recipient:

Recipient's Identification Number:XXX-XX-9615  
KUR BRAG  
412 1

Submission Type:.....Original document  
Account Number (Optional):.....  
Interest:.....\$49.00  
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  
P.O. B

Recipient:

Recipient's Identification Number:XXX-XX-9615  
KURT M BRAG  
662 MO

Submission Type:.....Original document  
Account Number (Optional):.....XXXXXXXXXXXXXXXXXX0583  
Interest:.....\$23.00  
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

This Product Contains Sensitive Taxpayer Data