



This Product Contains Sensitive Taxpayer Data

Request Date: 10-24-2025
Response Date: 10-23-2025
Tracking Number: 109027501211

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

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
662 MO

Submission Type:.....Original document
Dividends:.....\$0.00
Interest:.....\$0.00
Royalties:.....\$0.00
Ordinary Income K-1:.....\$190,886.00
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:.....50%
Beginning Tax Period:.....202201
Ending Tax Period:.....202212

Form 1098 Mortgage Interest Statement

Recipient/Lender:
Recipient's Federal Identification Number (FIN):XXXXXX5996
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 Principal:.....\$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):.....XXXX1378
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 Principal:.....\$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):XXXXX5996
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):.....XXXXXXXXXXXXXXXXX0583
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