



This Product Contains Sensitive Taxpayer Data

Request Date: 11-12-2023
Response Date: 11-12-2023
Tracking Number: 105175422850

Wage and Income Transcript

SSN Provided: XXX-XX-6680
Tax Period Requested: December, 2013

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):XXXXX5816
TOYO
19001

Employee:

Employee's Social Security Number:XXX-XX-6680
TRAV D CRAW
304 SU

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....\$42,688.00
Federal Income Tax Withheld:.....\$6,081.00
Social Security Wages:.....\$42,688.00
Social Security Tax Withheld:.....\$2,646.00
Medicare Wages and Tips:.....\$42,688.00
Medicare Tax Withheld:.....\$618.00
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:.....\$13,999.00
Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b)
Plan:.....\$0.00
Third Party Sick Pay Indicator:.....Unanswered
Retirement Plan Indicator:.....Yes - retirement plan
Statutory Employee:.....Not Statutory Employee

Form 1099-INT

Payer:

Payer's Federal Identification Number (FIN):XXXXX2404
WEST
THE WE

Recipient:

Recipient's Identification Number:XXX-XX-6680
CRAW TRAV D
2601 E

Submission Type:.....Original document
Account Number (Optional):.....XXXXXXXXXXXX 3
Interest:.....\$11.00
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
Second Notice Indicator:.....No Second Notice
Foreign Country or US Possession:.....
CUSIP Number:.....

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