



This Product Contains Sensitive Taxpayer Data

Request Date: 10-06-2023
Response Date: 10-06-2023
Tracking Number: 105058153705

Wage and Income Transcript

SSN Provided: XXX-XX-8565
Tax Period Requested: December, 2017

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):XXXXX4988
JORG
P O BO

Employee:

Employee's Social Security Number:XXX-XX-8565
DUST M SMIT
331 17

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....\$20,463.00
Federal Income Tax Withheld:.....\$263.00
Social Security Wages:.....\$21,153.00
Social Security Tax Withheld:.....\$1,311.00
Medicare Wages and Tips:.....\$21,153.00
Medicare Tax Withheld:.....\$306.00
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:.....\$690.00
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
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 5498 Individual Retirement Arrangement Contribution Information

Trustee:

Trustee/Issuer's Federal Identification Number (FIN):XXXXXX7943

CAP1

P O BO

Participant:

Participant's Identification Number:XXX-XX-8565

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Submission Type:.....Original document

Account Number (Optional):.....XXXXXXXXXXXXXXXXXXXX3863

IRA Contributions:.....\$0.00

Rollover Contributions:.....\$0.00

Roth Conversion Amount:.....\$0.00

Recharacterized Contributions:.....\$0.00

Fair Market Value of Account:.....\$253.00

Life Insurance Cost Included in Box 1:.....\$0.00

SEP Code:.....Not Checked

IRA Code:.....Not Checked

Simple Code:.....Checked

Roth IRA Code:.....Not Checked

RMD For Subsequent Year:.....RMD box not checked

RMD Date:.....00-00-0000

Year:.....

Postponed Contribution Code:.....

Repayments Code:.....

Fair Market Value of certain specified assets:.....N/A

SEP Contributions:.....\$0.00

SIMPLE Contributions:.....\$1,611.00

Roth IRA Contributions:.....\$0.00

Required Minimum Distribution Amount:.....\$0.00

Postponed Contributions:.....\$0.00

Repayment of a qualified reservist distribution or federally designated
disaster withdrawal repayment:.....\$0.00

Fair Market Value of Certain Specified Assets:.....\$0.00

Form 1099-G

Payer:

Payer's Federal Identification Number (FIN):XXXXXX8297

MICH

3024 W

Recipient:

Recipient's Identification Number:XXX-XX-8565

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Submission Type:.....Original document

Account Number (Optional):.....XXXXXXXX9200

RTAA Payments:.....\$0.00

Tax Withheld:.....\$0.00

Taxable Grants:.....\$0.00

Unemployment Compensation:.....\$6,516.00
Agricultural Subsidies:.....\$0.00
Prior Year Refund:.....\$0.00
Market gain on Commodity Credit Corporation loans repaid:.....\$0.00
Year of Refund:.....Not Set
1099G Offset:.....Not Refund, Credit, or Offset for Trade or Business

Form 1099-SA or 5498-SA

Payer:

Payer's Federal Identification Number (FIN):XXXXX3166
HEAL
15 WES

Recipient:

Recipient's Identification Number:XXX-XX-8565
SMIT DUST
1052 S

Submission Type:.....Original document
Account Number (Optional):.....XXX0516
MSA Distribution Code:.....Normal Distribution
Earnings on Distributive Excess Contributions:.....\$0.00
MSA Gross Distributions:.....\$47.00
FMV On Date of Death:.....\$0.00
HSA Indicator:.....HSA Box Checked
Archer MSA Indicator:.....Archer MSA Box Not Checked
MA MSA Indicator:.....Not Checked

Form 1099-R Distributions from Pensions, Annuities, Retire or Profit-Sharing Plan

Payer:

Payer's Federal Identification Number (FIN):XXXXX7943
CAPI
P O BO

Recipient:

Recipient's Identification Number:XXX-XX-8565
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Submission Type:.....Original document
Account Number (Optional):.....XXXXXXXXXXXXXXXXX3863
Distribution Code Value:
.....Early distribution from a SIMPLE IRA in first 2 years, no known exception
Distribution Code:.....S
Distribution Code Value:.....Not significant
Distribution Code:.....Blank
Tax Amount Undetermined Code:.....Tax amount not determined
Total Distribution Code:.....Not checked
First Year Roth Contribution:.....0000
SEP Indicator:.....IRA/SEP/SIMP box checked
FATCA Indicator:.....not FATCA
Tax Withheld:.....\$428.00
Total Employee Contributions:.....\$0.00
Unrealized Appreciation:.....\$0.00
Other Income:.....\$0.00

Gross Distribution:.....	\$4,291.00
Taxable Amount:.....	\$4,291.00
Eligible Capital Gains:.....	\$0.00
Amount to IRR:.....	\$0.00

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