



This Product Contains Sensitive Taxpayer Data

Request Date: 10-06-2023
Response Date: 10-06-2023
Tracking Number: 105058151274

Wage and Income Transcript

SSN Provided: XXX-XX-8565
Tax Period Requested: December, 2013

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):XXXXX0857
EMPL
4625 B

Employee:

Employee's Social Security Number:XXX-XX-8565
DUST M SMIT
701 SO

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....\$4,273.00
Federal Income Tax Withheld:.....\$356.00
Social Security Wages:.....\$4,273.00
Social Security Tax Withheld:.....\$264.00
Medicare Wages and Tips:.....\$4,273.00
Medicare Tax Withheld:.....\$61.00
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
Third Party Sick Pay Indicator:.....Unanswered
Retirement Plan Indicator:.....Unanswered
Statutory Employee:.....Not Statutory Employee

Form 1099-G

Payer:

Payer's Federal Identification Number (FIN):XXXXX8297
MICH
3024 W

Recipient:

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

Submission Type:.....Original document
Account Number (Optional):.....XXXXXX9200
RTAA Payments:.....\$0.00
Tax Withheld:.....\$0.00
Taxable Grants:.....\$0.00
Unemployment Compensation:.....\$12,653.00
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-G

Payer:

Payer's Federal Identification Number (FIN):XXXXX0134
MICH
7285 P

Recipient:

Recipient's Identification Number:XXX-XX-8565
SMIT DUST M
701 SO

Submission Type:.....Original document
Account Number (Optional):.....XXX3666
RTAA Payments:.....\$0.00
Tax Withheld:.....\$0.00
Taxable Grants:.....\$0.00
Unemployment Compensation:.....\$0.00
Agricultural Subsidies:.....\$0.00
Prior Year Refund:.....\$36.00
Market gain on Commodity Credit Corporation loans repaid:.....\$0.00
Year of Refund:.....2012
1099G Offset:.....Not Refund, Credit, or Offset for Trade or Business

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