



This Product Contains Sensitive Taxpayer Data

Request Date: 10-06-2023  
Response Date: 10-06-2023  
Tracking Number: 105058154750

Wage and Income Transcript

SSN Provided: XXX-XX-8565  
Tax Period Requested: December, 2019

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  
331 17

Submission Type:.....Original document  
Wages, Tips and Other Compensation:.....\$1,607.00  
Federal Income Tax Withheld:.....\$54.00  
Social Security Wages:.....\$1,607.00  
Social Security Tax Withheld:.....\$99.00  
Medicare Wages and Tips:.....\$1,607.00  
Medicare Tax Withheld:.....\$23.00  
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):XXXXX5813  
TEKO  
15263

Employee:

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

Submission Type:.....Original document  
Wages, Tips and Other Compensation:.....\$9,661.00  
Federal Income Tax Withheld:.....\$0.00  
Social Security Wages:.....\$9,661.00  
Social Security Tax Withheld:.....\$598.00  
Medicare Wages and Tips:.....\$9,661.00  
Medicare Tax Withheld:.....\$140.00  
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):XXXXX4753  
POLY  
P.O. B

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

Submission Type:.....Original document  
Wages, Tips and Other Compensation:.....\$6,322.00  
Federal Income Tax Withheld:.....\$575.00  
Social Security Wages:.....\$6,322.00  
Social Security Tax Withheld:.....\$392.00  
Medicare Wages and Tips:.....\$6,322.00  
Medicare Tax Withheld:.....\$91.00  
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 5498 Individual Retirement Arrangement Contribution Information

Trustee:  
Trustee/Issuer's Federal Identification Number (FIN):XXXXX7943  
CAPI  
P.O. B

Participant:  
Participant's Identification Number:XXX-XX-8565  
DUST M SMIT  
331 17

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:.....\$275.00  
 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:.....\$0.00  
 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

This Product Contains Sensitive Taxpayer Data