



This Product Contains Sensitive Taxpayer Data

Request Date: 10-06-2023
Response Date: 10-06-2023
Tracking Number: 105058155447

Wage and Income Transcript

SSN Provided: XXX-XX-8565
Tax Period Requested: December, 2021

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):XXXXX1209
SINC
1104 I

Employee:

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

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....\$19,439.00
Federal Income Tax Withheld:.....\$0.00
Social Security Wages:.....\$19,439.00
Social Security Tax Withheld:.....\$1,205.00
Medicare Wages and Tips:.....\$19,439.00
Medicare Tax Withheld:.....\$281.00
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):.....XXXXXXXXXXXXXXXXX3863
IRA Contributions:.....\$0.00
Rollover Contributions:.....\$0.00
Roth Conversion Amount:.....\$0.00
Recharacterized Contributions:.....\$0.00
Fair Market Value of Account:.....\$360.00
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

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