



This Product Contains Sensitive Taxpayer Data

Request Date: 10-06-2023
Response Date: 10-06-2023
Tracking Number: 105058153324

Wage and Income Transcript

SSN Provided: XXX-XX-8565
Tax Period Requested: December, 2016

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
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Submission Type:.....Original document
Wages, Tips and Other Compensation:.....\$43,032.00
Federal Income Tax Withheld:.....\$1,562.00
Social Security Wages:.....\$44,440.00
Social Security Tax Withheld:.....\$2,754.00
Medicare Wages and Tips:.....\$44,440.00
Medicare Tax Withheld:.....\$644.00
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:.....\$1,408.00
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:.....Yes - retirement plan
Statutory Employee:.....Not Statutory Employee
W2 Submission Type:.....Original
W2 WHC SSN Validation Code:.....Correct SSN

Form 5498 SA

Trustee:

Trustee's Federal Identification Number (FIN):XXXXX3166

HEAL

15 WES

Participant:

Participant's Identification Number:XXX-XX-8565

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Submission Type:.....Original document
Account Number (Optional):.....XXX0516
MSA Contributions:.....\$0.00
Current Contributions:.....\$0.00
Future Contributions:.....\$0.00
Rollover MSA Contributions:.....\$0.00
MSA Fair Market Value:.....\$68.00
HSA Indicator:.....HSA Box Checked
Archer MSA Indicator:.....Archer MSA Box Not Checked
MA MSA Indicator:.....Not Checked

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:.....\$2,593.00
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:.....\$2,586.00
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):XXXXX0134
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7285 P

Recipient:

Recipient's Identification Number:XXX-XX-8565
SMIT DUST M
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Submission Type:.....Original document
Account Number (Optional):.....XXX1793
RTAA Payments:.....\$0.00
Tax Withheld:.....\$0.00
Taxable Grants:.....\$0.00
Unemployment Compensation:.....\$0.00
Agricultural Subsidies:.....\$0.00
Prior Year Refund:.....\$16.00
Market gain on Commodity Credit Corporation loans repaid:.....\$0.00
Year of Refund:.....2015
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
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Submission Type:.....Original document
Account Number (Optional):.....XXX0516
MSA Distribution Code:.....Normal Distribution
Earnings on Distributive Excess Contributions:.....\$0.00
MSA Gross Distributions:.....\$305.00
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