



This Product Contains Sensitive Taxpayer Data

Request Date: 10-06-2023
Response Date: 10-06-2023
Tracking Number: 105058152602

Wage and Income Transcript

SSN Provided: XXX-XX-8565
Tax Period Requested: December, 2014

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
8820 V

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....\$2,674.00
Federal Income Tax Withheld:.....\$204.00
Social Security Wages:.....\$2,674.00
Social Security Tax Withheld:.....\$165.00
Medicare Wages and Tips:.....\$2,674.00
Medicare Tax Withheld:.....\$38.00
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 W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):XXXXX0152
AUTO
1511 G

Employee:

Employee's Social Security Number:XXX-XX-8565
DUST M SMIT
1052 S

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....\$26,499.00
Federal Income Tax Withheld:.....\$2,002.00
Social Security Wages:.....\$26,539.00
Social Security Tax Withheld:.....\$1,645.00
Medicare Wages and Tips:.....\$26,539.00
Medicare Tax Withheld:.....\$384.00
Social Security Tips:.....\$0.00
Allocated Tips:.....\$0.00
Dependent Care Benefits:.....\$0.00
Deferred Compensation:.....\$39.00
Code "Q" Nontaxable Combat Pay:.....\$0.00
Code "W" Employer Contributions to a Health Savings Account:.....\$1,560.00
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:.....\$2,365.00
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

Form 5498 SA

Trustee:

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

Participant:

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

Submission Type:.....Original document
Account Number (Optional):.....XXX0516
MSA Contributions:.....\$0.00
Current Contributions:.....\$1,560.00
Future Contributions:.....\$0.00

Rollover MSA Contributions:.....\$0.00
MSA Fair Market Value:.....\$981.00
HSA Indicator:.....HSA Box Checked
Archer MSA Indicator:.....Archer MSA Box Not Checked
MA MSA Indicator:.....Not Checked

Form 1098-T

Payer:

Payer's Federal Identification Number (FIN):XXXXX2332
KELL
450 NO

Recipient:

Recipient's Identification Number:XXX-XX-8565
DUST M SMIT
19011

Submission Type:.....Original document
Account Number (Optional):.....
Qualified Tuition and Related Expense:.....\$0.00
Scholarships or Grants:.....\$1,029.00
Half Time Student Indicator:.....Less Than Half Time Student
Graduate Student Indicator:.....Not a Graduate Student
Academic Period Code:.....Academic Period Box Not Checked
Method of Reporting Indicator:
.....No Change in Reporting Method from the Previous Year
Amounts Billed for Qualified Tuition & Related Expenses:.....\$1,029.00
Adjustments Made for Prior Year:.....\$0.00
Adjustments to Scholarships or Grants for a Prior Year:.....\$0.00
Reimbursements/Refunds from an Insurance Contract:.....\$0.00

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:.....\$569.00
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

