



This Product Contains Sensitive Taxpayer Data

Request Date: 10-06-2023
Response Date: 10-06-2023
Tracking Number: 105058152916

Wage and Income Transcript

SSN Provided: XXX-XX-8565
Tax Period Requested: December, 2015

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
8820 V

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....\$2,196.00
Federal Income Tax Withheld:.....\$120.00
Social Security Wages:.....\$2,196.00
Social Security Tax Withheld:.....\$136.00
Medicare Wages and Tips:.....\$2,196.00
Medicare Tax Withheld:.....\$31.00
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:.....\$200.00
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:.....\$505.00
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 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
DUST M SMIT
331 17

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....\$11,987.00
Federal Income Tax Withheld:.....\$127.00
Social Security Wages:.....\$11,987.00
Social Security Tax Withheld:.....\$743.00
Medicare Wages and Tips:.....\$11,987.00
Medicare Tax Withheld:.....\$173.00
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 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:.....\$200.00
Future Contributions:.....\$0.00

Rollover MSA Contributions:.....\$0.00
MSA Fair Market Value:.....\$432.00
HSA Indicator:.....HSA Box Checked
Archer MSA Indicator:.....Archer MSA Box Not Checked
MA MSA Indicator:.....Not Checked

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:.....\$698.00
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

Form 1099-R Distributions from Pensions, Annuities, Retire or Profit-Sharing Plan

Payer:

Payer's Federal Identification Number (FIN):XXXXX7290
PRIN
711 HI

Recipient:

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

Submission Type:.....Original document
Account Number (Optional):.....XXXXXX94T2
Distribution Code Value:
.....Early Distribution, no known exception (in most cases, under age 59 1/2)
Distribution Code:.....1
Distribution Code Value:.....Not significant
Distribution Code:.....Blank
Tax Amount Undetermined Code:.....Not checked
Total Distribution Code:.....Total Distribution
First Year Roth Contribution:.....0000
SEP Indicator:.....IRA/SEP/SIMP box not checked
Tax Withheld:.....\$2.00
Total Employee Contributions:.....\$0.00
Unrealized Appreciation:.....\$0.00
Other Income:.....\$0.00
Gross Distribution:.....\$10.00
Taxable Amount:.....\$10.00

Eligible Capital Gains:.....	\$0.00
Amount to IRR:.....	\$0.00

This Product Contains Sensitive Taxpayer Data