

This Product Contains Sensitive Taxpayer Data

Request Date: 10-06-2023 Response Date: 10-06-2023 Tracking Number: 105058154408

Wage and Income Transcript

SSN Provided: XXX-XX-8565
Tax Period Requested: December, 2018

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):XXXXX3558

TENN 500 NO

Employee:

Employee's Social Security Number: XXX-XX-8565

DUST M SMIT

331 17

Submission Type:
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:\$740.00 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:

Retirement Plan Indicator:
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): XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Form 1099-G
Payer: Payer's Federal Identification Number (FIN):XXXXX8297 MICH 3024 W
Recipient: Recipient's Identification Number:XXX-XX-8565 DUST M SMIT 331 17
Submission Type:Original documentAccount Number (Optional):

RTAA Payments:\$0.00
Tax Withheld:\$0.00
Taxable Grants:\$0.00
Unemployment Compensation:\$724.00
Agricultural Subsidies:\$0.00
Prior Year Refund:\$0.00
Market gain on Commodity Credit Corporation loans repaid:\$0.00
Year of Refund:Not Set
1099G Offset:Not Refund, Credit, or Offset for Trade or Business

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