



# Internal Revenue Service

## United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 08-15-2018  
Response Date: 08-15-2018  
Tracking Number: 100403672982

### Wage and Income Transcript

SSN Provided: 128-70-9363  
Tax Period Requested: December, 2016

### Form W-2 Wage and Tax Statement

#### Employer:

Employer Identification Number (EIN):586000254  
GWINNETT COUNTY PUBLIC SCHOOLS  
437 OLD PEACHTREE ROAD  
SUWANEE, GA 30024-0000

#### Employee:

Employee's Social Security Number:128-70-9363  
NOVLETT A SALMON DAVIS  
4203 POND EDGE RD  
SNELLVILLE, GA 30039-0000

Submission Type:.....Original document  
Wages, Tips and Other Compensation:.....\$67,486.00  
Federal Income Tax Withheld:.....\$5,482.00  
Social Security Wages:.....\$0.00  
Social Security Tax Withheld:.....\$0.00  
Medicare Wages and Tips:.....\$76,049.00  
Medicare Tax Withheld:.....\$1,102.00  
Social Security Tips:.....\$0.00  
Allocated Tips:.....\$0.00  
Dependent Care Benefits:.....\$0.00  
Deferred Compensation:.....\$3,600.00  
Code "O" 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:.....\$14,806.00  
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 1098-T

#### Payer:

Payer's Federal Identification Number (FIN):362855674  
ARGOSY UNIVERSITY - ATLANTA  
980 HAMMOND DRIVE NE  
ATLANTA, GA 30328-0000

#### Recipient:

Recipient's Identification Number:128-70-9363  
NOVLETT SALMON-DAVIS  
4203 POND EDGE RD  
SNELLVILLE, GA 30039-0000

Submission Type:.....Original document  
Account Number:.....14459303A  
Qualified Tuition and Related Expense:.....0.00  
Scholarships or Grants:.....0.00  
Half Time Student Indicator:.....Grtr than or Eq to Half Time Student  
Graduate Student Indicator:.....Graduate Student  
Academic Period Code:.....Academic Period Box Not Checked  
Method of Reporting Indicator:  
.....No Change in Reporting Method from the Previous Year

TIN Checkbox:.....box not marked  
Amounts Billed for Qualified Tuition & Related Expenses:.....\$6,040.00  
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-G

Payer:  
Payer's Federal Identification Number (FIN):586002015  
GEORGIA DEPARTMENT OF REVENUE INDIVIDUAL  
TAXPAYER SERVICES DIVISION  
1800 CENTURY CENTER BLVD NE STE 7100  
ATLANTA, GA 30345-3205

Recipient:  
Recipient's Identification Number:128-70-9363  
SALMON-DAVIS,NOVLETT  
4203 POND EDGE RD  
SNELLVILLE, GA 30039-3970

Submission Type:.....Original document  
Account Number (Optional):.....120504348812312015  
ATAA Payments:.....0.00  
Tax Withheld:.....0.00  
Taxable Grants:.....0.00  
Unemployment Compensation:.....0.00  
Agricultural Subsidies:.....0.00  
Prior Year Refund:.....\$1,423.00  
Market gain on Commodity Credit Corporation loans repaid on or after January  
1, 2008:.....0.00  
Year of Refund:.....2015  
1099G Offset:.....Not Refund, Credit, or Offset for Trade or Business

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