



# Internal Revenue Service

## United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 05-25-2017  
Response Date: 05-25-2017  
Tracking Number: 100333545398

### Wage and Income Transcript

SSN Provided: 137-45-3400  
Tax Period Requested: December, 2016

### Form W-2 Wage and Tax Statement

Employer:  
Employer Identification Number (EIN):270474030  
BOILING POINT RESTAURANT WA INC.  
1001 S MYRTLE ST  
SEATTLE, WA 98108-0000

Employee:  
Employee's Social Security Number:137-45-3400  
YANG ZHANG  
5857 NE PARK POINT DR  
SEATTLE, WA 98115-0000

Submission Type:.....Original document  
Wages, Tips and Other Compensation:.....\$525.00  
Federal Income Tax Withheld:.....\$12.00  
Social Security Wages:.....\$322.00  
Social Security Tax Withheld:.....\$32.00  
Medicare Wages and Tips:.....\$525.00  
Medicare Tax Withheld:.....\$7.00  
Social Security Tips:.....\$203.00  
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  
W2 Submission Type:.....Original  
W2 WHC SSN Validation Code:.....Correct SSN

### Form W-2 Wage and Tax Statement

Employer:  
Employer Identification Number (EIN):916001108  
WASHINGTON STATE UNIVERSITY  
236 FRENCH AD BLDG  
PULLMAN, WA 99164-1024

Employee:  
Employee's Social Security Number:137-45-3400  
YANG ZHANG  
1915 NE TERRE VIEW #51  
PULLMAN, WA 99163-0000

Submission Type:.....Original document  
Wages, Tips and Other Compensation:.....\$1,546.00  
Federal Income Tax Withheld:.....\$85.00  
Social Security Wages:.....\$0.00  
Social Security Tax Withheld:.....\$0.00  
Medicare Wages and Tips:.....\$0.00  
Medicare Tax Withheld:.....\$0.00  
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:.....\$703.00  
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  
W2 Submission Type:.....Original  
W2 WHC SSN Validation Code:.....Correct SSN

Form 1098-T

Payer:

Payer's Federal Identification Number (FIN):916001108  
1098-T SETUP  
WASHINGTON STATE UNIVERSITY STUDENT ACCO  
PULLMAN, WA 99164-1039

Recipient:

Recipient's Identification Number:137-45-3400  
ZHANG YANG  
BANPOXI ST NO 26  
TAIYUAN 61 030012 CHN

Submission Type:.....Original document  
Account Number:.....011529139  
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:.....\$12,939.00  
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

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