



This Product Contains Sensitive Taxpayer Data

Request Date: 08-04-2025
Response Date: 08-04-2025
Tracking Number: 108545905360

Wage and Income Transcript

SSN Provided: XXX-XX-2281
Tax Period Requested: December, 2020

Form 1099-K: Payment Card and Third Party Network Transactions

Transferor:

Transferor's Federal Identification Number (FIN):XXXXX9876
SQUA
1455 M

Employee:

Employee's Identification Number:XXX-XX-2281
KIMB LYN HAL
7997 W

Submission Type:.....Original document
Account Number (Optional):.....XXXXXX25T2
PSE-EPF Indicator:.....Check box if FILER is Payment Settlement Entity (PSE)
Merchant Category Code:.....5399
Transactions Reported:.....Check box if TRANSACTIONS are Third Party Network
Number of Payment Transactions:.....225
Second TIN Notice Indicator:.....
Federal Income Tax Withheld:.....\$0.00
Gross Amount of Payment Card/Third Party Transactions:.....\$28,070.00
January Payments:.....\$75.00
February Payments:.....\$975.00
March Payments:.....\$1,320.00
April Payments:.....\$2,700.00
May Payments:.....\$2,405.00
June Payments:.....\$1,375.00
July Payments:.....\$2,355.00
August Payments:.....\$3,545.00
September Payments:.....\$2,870.00
October Payments:.....\$3,315.00
November Payments:.....\$2,900.00
December Payments:.....\$4,235.00
Card Not Present Transactions:.....\$28,070.00

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):XXXXX3107
FEDE
1100 1

Employee:
Employee's Social Security Number:XXX-XX-2281
KIMB HAL
7997 W

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....\$115,303.00
Federal Income Tax Withheld:.....\$12,274.00
Social Security Wages:.....\$125,792.00
Social Security Tax Withheld:.....\$7,799.00
Medicare Wages and Tips:.....\$125,792.00
Medicare Tax Withheld:.....\$1,823.00
Social Security Tips:.....\$0.00
Allocated Tips:.....\$0.00
Dependent Care Benefits:.....\$0.00
Deferred Compensation:.....\$10,488.00
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:.....\$7,636.00
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:.....\$0.00
Code "GG" Income from Qualified Equity Grants Under Section 83(i):.....\$0.00
Code "HH" Aggregate Deferrals Under Section 83(i) Elections as of the Close
of the Calendar Year:.....\$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 1099-B Proceeds From Broker and Barter Exchange Transactions

Payer:
Payer's Federal Identification Number (FIN):XXXXX6564
DRIV
97 MAI

Recipient:
Recipient's Identification Number:XXX-XX-2281
KIMB HAL
7997 W

Submission Type:.....Original document
Account Number (Optional):.....XXXX0726
Date Sold or Disposed:.....12-09-2020
CUSIP Number:.....42806J106
Gross Proceeds:.....Gross proceeds

Bartering:.....\$0.00
 Federal Income Tax Withheld:.....\$0.00
 Proceeds:.....\$192.00
 Aggregate Profit or (Loss):.....\$0.00
 Realized Profit or (Loss):.....\$0.00
 Unrealized Profit or (Loss) 12/31 Prior Year:.....\$0.00
 Unrealized Profit or (Loss) 12/31 Current Year:.....\$0.00
 Cost or Basis:.....\$99.00
 Wash Sale Loss Disallowed:.....\$0.00
 Accrued Market Discount Amount:.....\$0.00
 Description:.....94 HER
 Second Notice Indicator:.....
 Date Acquired:.....05-29-2020
 Noncovered Security Indicator:.....Nothing checked
 Type of Gain or Loss Code:.....Short-term
 Applicable Check Box on Form 8949:
 Short term transaction for which the cost or other basis is being reported to
 the IRS
 Loss Not Allowed Indicator:.....
 FATCA Filing Requirement:.....Box not checked no Filing Requirement
 Proceeds from:.....Box not checked

Form 1099-B Proceeds From Broker and Barter Exchange Transactions

Payer:

Payer's Federal Identification Number (FIN):XXXXX6564
 DRIV
 97 MAI

Recipient:

Recipient's Identification Number:XXX-XX-2281
 KIMB HAL
 7997 W

Submission Type:.....Original document
 Account Number (Optional):.....XXXX0727
 Date Sold or Disposed:.....12-09-2020
 CUSIP Number:.....42806J106
 Gross Proceeds:.....Gross proceeds
 Bartering:.....\$0.00
 Federal Income Tax Withheld:.....\$0.00
 Proceeds:.....\$0.00
 Aggregate Profit or (Loss):.....\$0.00
 Realized Profit or (Loss):.....\$0.00
 Unrealized Profit or (Loss) 12/31 Prior Year:.....\$0.00
 Unrealized Profit or (Loss) 12/31 Current Year:.....\$0.00
 Cost or Basis:.....\$0.00
 Wash Sale Loss Disallowed:.....\$0.00
 Accrued Market Discount Amount:.....\$0.00
 Description:.....0.3867
 Second Notice Indicator:.....
 Date Acquired:.....05-29-2020
 Noncovered Security Indicator:.....Nothing checked
 Type of Gain or Loss Code:.....Short-term
 Applicable Check Box on Form 8949:
 Short term transaction for which the cost or other basis is being reported to
 the IRS
 Loss Not Allowed Indicator:.....
 FATCA Filing Requirement:.....Box not checked no Filing Requirement
 Proceeds from:.....Box not checked

Form 1099-B Proceeds From Broker and Barter Exchange Transactions

Payer:

Payer's Federal Identification Number (FIN):XXXXX9876
SQUA
1455 M

Recipient:

Recipient's Identification Number:XXX-XX-2281
KIMB LYN HAL
15 EAS

Submission Type:.....Original document
Account Number (Optional):.....XXXXXX28T2
Date Sold or Disposed:.....01-07-2020
CUSIP Number:.....00000000000000
Gross Proceeds:.....Nothing checked
Bartering:.....\$0.00
Federal Income Tax Withheld:.....\$0.00
Proceeds:.....\$0.00
Aggregate Profit or (Loss):.....\$0.00
Realized Profit or (Loss):.....\$0.00
Unrealized Profit or (Loss) 12/31 Prior Year:.....\$0.00
Unrealized Profit or (Loss) 12/31 Current Year:.....\$0.00
Cost or Basis:.....\$0.00
Wash Sale Loss Disallowed:.....\$0.00
Accrued Market Discount Amount:.....\$0.00
Description:.....SEE DE
Second Notice Indicator:.....
Date Acquired:.....00-00-0000
Noncovered Security Indicator:...Noncovered Security Basis not reported to IRS
Type of Gain or Loss Code:.....
Applicable Check Box on Form 8949:
Transaction if you cannot determine whether the recipient should check Box B
or Box E on Form 8949 because the holding period is unknown
Loss Not Allowed Indicator:.....
FATCA Filing Requirement:.....Box not checked no Filing Requirement
Proceeds from:.....Box not checked

Form 1099-B Proceeds From Broker and Barter Exchange Transactions

Payer:

Payer's Federal Identification Number (FIN):XXXXX9876
SQUA
1455 M

Recipient:

Recipient's Identification Number:XXX-XX-2281
KIMB LYN HAL
15 EAS

Submission Type:.....Original document
Account Number (Optional):.....XXXXXX36T2
Date Sold or Disposed:.....01-10-2020
CUSIP Number:.....00000000000000
Gross Proceeds:.....Nothing checked

Bartering:.....\$0.00
Federal Income Tax Withheld:.....\$0.00
Proceeds:.....\$2.00
Aggregate Profit or (Loss):.....\$0.00
Realized Profit or (Loss):.....\$0.00
Unrealized Profit or (Loss) 12/31 Prior Year:.....\$0.00
Unrealized Profit or (Loss) 12/31 Current Year:.....\$0.00
Cost or Basis:.....\$0.00
Wash Sale Loss Disallowed:.....\$0.00
Accrued Market Discount Amount:.....\$0.00
Description:.....SEE DE
Second Notice Indicator:.....
Date Acquired:.....00-00-0000
Noncovered Security Indicator:...Noncovered Security Basis not reported to IRS
Type of Gain or Loss Code:.....
Applicable Check Box on Form 8949:
Transaction if you cannot determine whether the recipient should check Box B
or Box E on Form 8949 because the holding period is unknown
Loss Not Allowed Indicator:.....
FATCA Filing Requirement:.....Box not checked no Filing Requirement
Proceeds from:.....Box not checked

Form 1099-B Proceeds From Broker and Barter Exchange Transactions

Payer:

Payer's Federal Identification Number (FIN):XXXXX9876
SQUA
1455 M

Recipient:

Recipient's Identification Number:XXX-XX-2281
KIMB LYN HAL
15 EAS

Submission Type:.....Original document
Account Number (Optional):.....XXXXXX44T2
Date Sold or Disposed:.....01-11-2020
CUSIP Number:.....00000000000000
Gross Proceeds:.....Nothing checked
Bartering:.....\$0.00
Federal Income Tax Withheld:.....\$0.00
Proceeds:.....\$3.00
Aggregate Profit or (Loss):.....\$0.00
Realized Profit or (Loss):.....\$0.00
Unrealized Profit or (Loss) 12/31 Prior Year:.....\$0.00
Unrealized Profit or (Loss) 12/31 Current Year:.....\$0.00
Cost or Basis:.....\$0.00
Wash Sale Loss Disallowed:.....\$0.00
Accrued Market Discount Amount:.....\$0.00
Description:.....SEE DE
Second Notice Indicator:.....
Date Acquired:.....00-00-0000
Noncovered Security Indicator:...Noncovered Security Basis not reported to IRS
Type of Gain or Loss Code:.....
Applicable Check Box on Form 8949:
Transaction if you cannot determine whether the recipient should check Box B
or Box E on Form 8949 because the holding period is unknown
Loss Not Allowed Indicator:.....
FATCA Filing Requirement:.....Box not checked no Filing Requirement
Proceeds from:.....Box not checked

Form 1099-C Cancellation of Debt

Creditor:

Creditor's Federal Identification Number (FIN):XXXXX4650
JPMO
340 S.

Debtor:

Debtor's Identification Number:XXX-XX-2281
HALL L
5000 T

Submission Type:.....Original document
Account Number (Optional):.....XXXXXXXXXXXXXXXXX3239
Date Canceled:.....12-31-2020
Property Fair Market Value:.....\$0.00
Amount of Debt Discharged:.....\$1,569.00
Interest Forgiven Amount:.....\$0.00
Identifiable Event Code:.....Creditor's debt collection Policy
Debt Description:.....DEPOSIT ACCOUNT
Personal Liability Indicator:.....Box checked-Personally Liable

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

Payer:

Payer's Federal Identification Number (FIN):XXXXX8107
FIDE
100 MA

Recipient:

Recipient's Identification Number:XXX-XX-2281
HAL KIMB
7997 W

Submission Type:.....Original document
Account Number (Optional):.....XXXXXXXXXXXXXXXXX2566
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:.....Not checked
First Year Roth Contribution:.....0000
SEP Indicator:.....IRA/SEP/SIMP box not checked
FATCA Indicator:.....not FATCA
Date of Payment for Reportable Death Benefits under Section 6050Y:..00-00-0000
Tax Withheld:.....\$0.00
Total Employee Contributions:.....\$0.00
Unrealized Appreciation:.....\$0.00
Other Income:.....\$0.00
Gross Distribution:.....\$19,251.00
Taxable Amount:.....\$19,251.00
Eligible Capital Gains:.....\$0.00
Amount to IRR:.....\$0.00

This Product Contains Sensitive Taxpayer Data