



This Product Contains Sensitive Taxpayer Data

Request Date: 08-04-2025
Response Date: 08-04-2025
Tracking Number: 108545921666

Wage and Income Transcript

SSN Provided: XXX-XX-2281
Tax Period Requested: December, 2022

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
2600 U

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....\$113,691.00
Federal Income Tax Withheld:.....\$17,902.00
Social Security Wages:.....\$126,503.00
Social Security Tax Withheld:.....\$7,843.00
Medicare Wages and Tips:.....\$126,503.00
Medicare Tax Withheld:.....\$1,834.00
Social Security Tips:.....\$0.00
Allocated Tips:.....\$0.00
Dependent Care Benefits:.....\$0.00
Deferred Compensation:.....\$12,812.00
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:.....\$8,198.00
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 1098 Mortgage Interest Statement

Recipient/Lender:

Recipient's Federal Identification Number (FIN):XXXXX4984
FLAG
5151 C

Payer/Borrower:

Payer's Social Security Number:XXX-XX-2281
KIMB HAL
2600 U

Submission Type:.....Original document
Account Number (Optional):.....XXXXXXXXXX2722
Mortgage Interest Received from Payer(s)/Borrower(s):.....\$8,805.00
Points Paid on Purchase of Principal Residence:.....\$0.00
Refund of Overpaid Interest:.....\$0.00
Mortgage Insurance Premiums:.....\$0.00
Outstanding Mortgage Principal:.....\$378,358.00
Mortgage Origination Date:.....01-15-2021
Property Address Verification:.....
Address of property securing Mortgage:.....2600 U
Other information from recipient:.....
The number of mortgaged properties:.....000000000000
Mortgage Acquisition Date:.....00-00-0000

Form 1098-E Student Loan Interest Statement

Recipient/Lender:

Recipient's Federal Identification Number (FIN):XXXXX4283
NAVI
2001 E

Borrower:

Borrower's Social Security Number:XXX-XX-2281
HAL KIMB L
2600 U

Submission Type:.....Original document
Account Number (Optional):.....XXXXXX2811
Loan Origination Fees:
Not checked - does include loan origination fees and/or capitalized interest,
and the loan was made before September 1, 2004
Student Loan Interest Received by Lender:.....\$895.00

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
2600 U

Submission Type:.....Original document
Account Number (Optional):.....XXXXXXXXXXXXXXXXX0938
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:.....\$768.00
Total Employee Contributions:.....\$0.00
Unrealized Appreciation:.....\$0.00
Other Income:.....\$0.00
Gross Distribution:.....\$9,309.00
Taxable Amount:.....\$9,309.00
Eligible Capital Gains:.....\$0.00
Amount to IRR:.....\$0.00

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