

 **Internal Revenue Service**
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 01-25-2021
Response Date: 01-25-2021
Tracking Number: 100619783579

Wage and Income Transcript

SSN Provided: XXX-XX-9573
Tax Period Requested: December, 2019

Form W-2 Wage and Tax Statement

013938

Employer:
Employer Identification Number (EIN): XXXXX2904
ACCE
161 NO

Employee:
Employee's Social Security Number: XXX-XX-9573
MOHA KH SHAI
2605 S

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....\$71,428.00
Federal Income Tax Withheld:.....\$11,901.00
Social Security Wages:.....\$73,294.00
Social Security Tax Withheld:.....\$4,544.00
Medicare Wages and Tips:.....\$73,294.00
Medicare Tax Withheld:.....\$1,062.00
Social Security Tips:.....\$0.00
Allocated Tips:.....\$0.00
Dependent Care Benefits:.....\$0.00
Deferred Compensation:.....\$1,865.00
Code "Q" Nontaxable Combat Pay:.....\$0.00
Code "W" Employer Contributions to a Health Savings Account:.....\$333.00
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:.....\$2,964.00
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 W-2 Wage and Tax Statement

Tracking Number: 100619783579

Employer:
Employer Identification Number (EIN):XXXXX7085
ARIA
212 RA

Employee:
Employee's Social Security Number:XXX-XX-9573
SHAI M KHAJ
212 RA

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....\$5,200.00
Federal Income Tax Withheld:.....\$0.00
Social Security Wages:.....\$5,200.00
Social Security Tax Withheld:.....\$322.00
Medicare Wages and Tips:.....\$5,200.00
Medicare Tax Withheld:.....\$75.00
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:.....\$0.00
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:.....Unanswered
Statutory Employee:.....Not Statutory Employee
W2 Submission Type:.....Original
W2 WHC SSN Validation Code:.....Incorrect/Invalid SSN

Form 5498 SA

Trustee:
Trustee's Federal Identification Number (FIN):XXXXX4434
PAYF
11819

Participant:
Participant's Identification Number:XXX-XX-9573
MOHA KHAJ SHAI
2605 S

Submission Type:.....Original document
Account Number (Optional):.....XXXXXXXXXXXX0168
MSA Contributions:.....\$0.00
Current Contributions:.....\$333.00
Future Contributions:.....\$0.00
Rollover MSA Contributions:.....\$0.00
MSA Fair Market Value:.....\$333.00
MSA Indicator:.....HSA Box Checked
Archer MSA Indicator:.....Archer MSA Box Not Checked

Tracking Number: 100619783579
MA MSA Indicator:.....Not Checked

Form 1099-B Proceeds From Broker and Barter Exchange Transactions

Payer:
Payer's Federal Identification Number (FIN):XXXXX9216
ROBI
500 CO

Recipient:
Recipient's Identification Number:XXX-XX-9573
MOHA SHAI
370 SA



013938

Submission Type:.....Original document
Account Number:.....XXXXXXXX9591
Date Sold or Disposed:.....07-19-2019
CUSIP Number:.....XXXXXT108
Gross Proceeds:.....Nothing checked
Bartering:.....\$0.00
Federal Income Tax Withheld:.....\$0.00
Proceeds:.....\$6.00
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:.....\$6.00
Wash Sale Loss Disallowed:.....\$0.00
Accrued Market Discount Amount:.....\$0.00
Description:.....ZYNGA
Second Notice Indicator:.....
Date Acquired:.....07-03-2019
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):XXXXX9216
ROBI
500 CO

Recipient:
Recipient's Identification Number:XXX-XX-9573
MOHA SHAI
370 SA

Submission Type:.....Original document
Account Number:.....XXXXXXXX9592
Date Sold or Disposed:.....07-22-2019
CUSIP Number:.....XXXXXL102
Gross Proceeds:.....Nothing checked
Bartering:.....\$0.00
Federal Income Tax Withheld:.....\$0.00
Proceeds:.....\$8.00
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:.....\$8.00

Tracking Number: 100619783579
 Wash Sale Loss Disallowed:.....\$0.00
 Accrued Market Discount Amount:.....\$0.00
 Description:.....FITBIT
 Second Notice Indicator:.....
 Date Acquired:.....07-03-2019
 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):XXXXX4776
 ROBI
 85 WIL

Recipient:
 Recipient's Identification Number:XXX-XX-9573
 MOHA SHAI
 370 SA

Submission Type:.....Original document
 Account Number:.....XXXXXXXXXXXXXXXX001B
 Date Sold or Disposed:.....08-07-2019
 CUSIP Number:.....XXCUSD
 Gross Proceeds:.....Net Proceeds
 Bartering:.....\$0.00
 Federal Income Tax Withheld:.....\$0.00
 Proceeds:.....\$239.00
 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:.....0.0198
 Second Notice Indicator:.....
 Date Acquired:.....00-00-0000
 Noncovered Security Indicator:..Noncovered Security Basis not reported to IRS
 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 not 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-G

Payer:
 Payer's Federal Identification Number (FIN):XXXXX4061
 STAT
 FRANCH

Recipient:
 Recipient's Identification Number:XXX-XX-9573
 SHAI MOHA
 370 SA

Submission Type:.....Original document
 Account Number (Optional):.....XXXXXXXX573A

Tracking Number: 100619783579

ATAA Payments:.....\$0.00
Tax Withheld:.....\$0.00
Taxable Grants:.....\$0.00
Unemployment Compensation:.....\$0.00
Agricultural Subsidies:.....\$0.00
Prior Year Refund:.....\$18.00
Market gain on Commodity Credit Corporation loans repaid:.....\$0.00
Year of Refund:.....2018
1099G Offset:.....Not Refund, Credit, or Offset for Trade or Business
Second TIN Notice:.....

Form 1099-MISC

Payer:
Payer's Federal Identification Number (FIN):XXXXX2392
D00R
303 2N

Recipient:
Recipient's Identification Number:XXX-XX-9573
SHAI MOHA KHAJ
212 RA

Submission Type:.....Original document
Account Number (Optional):.....XXXXXX1672
Tax Withheld:.....0.00
Non-Employee Compensation:.....\$1,081.00
Medical Payments:.....0.00
Fishing Income:.....0.00
Rents:.....0.00
Royalties:.....0.00
Other Income:.....0.00
Substitute Payments for Dividends:.....0.00
Excess Golden Parachute:.....0.00
Crop Insurance:.....0.00
Attorney Fees:.....0.00
Foreign Tax Paid:.....0.00
Section 409A Deferrals:.....0.00
Section 409A Income:.....0.00
Direct Sales Indicator:.....Not Direct Sales
FATCA Filing Requirement:.....Box not checked no Filing Requirement
Second Notice Indicator:.....No Second Notice

This Product Contains Sensitive Taxpayer Data