



Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 02-21-2022
 Response Date: 02-21-2022
 Tracking Number: 101661198488

Wage and Income Transcript

SSN Provided: XXX-XX-0600
 Tax Period Requested: December, 2019

Form W-2 Wage and Tax Statement

Employer:
 Employer Identification Number (EIN):XXXXX4513
 DELO
 4022 S

Employee:
 Employee's Social Security Number:XXX-XX-0600
 SARW AL MOHA
 1701 W

Submission Type:.....Original document
 Wages, Tips and Other Compensation:.....\$70,997.00
 Federal Income Tax Withheld:.....\$11,232.00
 Social Security Wages:.....\$18,354.00
 Social Security Tax Withheld:.....\$1,137.00
 Medicare Wages and Tips:.....\$18,354.00
 Medicare Tax Withheld:.....\$266.00
 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:.....\$1,960.00
 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:.....Correct SSN

Form W-2 Wage and Tax Statement

Employer:
 Employer Identification Number (EIN):XXXXX5578
 AGRE
 605 CO

Employee:
 Employee's Social Security Number:XXX-XX-0600
 SARW AL MOHA
 1701 W

Submission Type:.....Original document
 Wages, Tips and Other Compensation:.....\$15,559.00
 Federal Income Tax Withheld:.....\$2,322.00
 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:.....\$833.00
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:.....Correct SSN

Form 1098-T

Payer:
Payer's Federal Identification Number (FIN):XXXXX0593
UNIV
6178 C

Recipient:
Recipient's Identification Number:XXX-XX-0600
MOHA SARW AL
1701 W

Submission Type:.....Original document
Account Number (Optional):.....XXXXXXXXXXXX6165
Qualified Tuition and Related Expense:.....\$5,250.00
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
TIN Checkbox:.....box marked
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):XXXXX4466
STAT
7TH &

Recipient:
Recipient's Identification Number:XXX-XX-0600
MOHA AL
1701 W

Submission Type:.....Original document
Account Number (Optional):.....XXXXXXXXXXXX2018
ATAA Payments:.....\$0.00
Tax Withheld:.....\$0.00
Taxable Grants:.....\$0.00
Unemployment Compensation:.....\$0.00
Agricultural Subsidies:.....\$0.00
Prior Year Refund:.....\$510.00
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:.....