



This Product Contains Sensitive Taxpayer Data

Request Date: 02-18-2023
Response Date: 02-18-2023
Tracking Number: 103865085411

Wage and Income Transcript

SSN Provided: XXX-XX-4500
Tax Period Requested: December, 2021

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):XXXXXX7905
KTE
910 SW

Employee:

Employee's Social Security Number:XXX-XX-4500
VIRA MANO PATI
APT. 2

Submission Type:.....	Original document
Wages, Tips and Other Compensation:.....	\$108.00
Federal Income Tax Withheld:.....	\$0.00
Social Security Wages:.....	\$108.00
Social Security Tax Withheld:.....	\$6.00
Medicare Wages and Tips:.....	\$108.00
Medicare Tax Withheld:.....	\$1.00
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:.....Correct SSN

Form W-2 Wage and Tax Statement

Employer:
Employer Identification Number (EIN):XXXXX2622
TEXA
BOX 41

Employee:
Employee's Social Security Number:XXX-XX-4500
VIRA M PATI
3130 4

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....\$2,398.00
Federal Income Tax Withheld:.....\$126.00
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:.....\$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:.....Correct SSN

Payer :

Payer's Federal Identification Number (FIN):XXXXX2622
TEXA
PO BOX

Recipient:
Recipient's Identification Number:XXX-XX-4500
PATI VIRA
3130 4

Submission Type:.....Original document
Account Number (Optional):.....XXXXXXXXXXXXXXXXXX9841
Qualified Tuition and Related Expense:.....\$4,901.00
Scholarships or Grants:.....\$500.00
Half Time Student Indicator:.....Grtr than or Eq to Half Time Student
Graduate Student Indicator:.....Graduate Student
Academic Period Code:.....N/A
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

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