



Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Wage and Income Transcript

Request Date: 09-09-2016
Response Date: 09-09-2016
Tracking Number: #####

SSN Provided: XXX-XX-XXXX
Tax Period Requested: December, 2015

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN): XXXXXXXXX
SAMPLE COMPANY
145 NORTH POLE AVENUE
MEMPHIS, TN 49870-0000

Employee:

Employee's Social Security Number: XXX-XX-XXXX
SAMPLE TAXPAYER
174889 SHOESMITH LANE
ANYTOWN, IL 60600-0000

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$166,465.00
Federal Income Tax Withheld:	\$26,821.00
Social Security Wages:	\$118,500.00
Social Security Tax Withheld:	\$7,347.00
Medicare Wages and Tips:	\$187,171.00
Medicare Tax Withheld:	\$2,713.00
Social Security Tips:	\$0.00
Allocated Tips:	\$0.00
Dependent Care Benefits:	\$0.00
Deferred Compensation:	\$20,706.00
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:	\$4,572.00
Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b) Plan:	\$0.00

Third Party Sick Pay Indicator:	Unanswered
Retirement Plan Indicator:	Yes
Statutory Employee:	Not Statutory Employee
W2 Submission Type:	Original
W2 WHC SSN Validation Code:	Correct SSN

Form 1099-G

Payer:

Payer's Federal Identification Number (FIN): XXXXXXXXX
 ILLINOIS DEPT OF REVENUE
 101 W JEFFERSON
 SPRINGFIELD, IL 62708-0000

Recipient:

Recipient's Identification Number: XXX-XX-XXXX
 SAMPLE TAXPAYER
 174889 SHOESMITH LANE
 ANYTOWN, IL 60600-0000

Submission Type:	Original document
Account Number (Optional):	12/31/2014
ATAA Payments:	0.00
Tax Withheld:	0.00
Taxable Grants:	0.00
Unemployment Compensation:	0.00
Agricultural Subsidies:	0.00
Prior Year Refund:	\$1,528.00
Market gain on Commodity Credit Corporation loans repaid on or after January 1, 2007:	0.00
Year of Refund:	2014
1099G Offset:	Not Refund, Credit, or Offset for Trade or Business

Form 1099-DIV

Payer:

Payer's Federal Identification Number (FIN): XXXXXXXXX
 SAMPLE BROKERAGE
 PO BOX 12345
 OMAHA, NE 60066-2209

Recipient:

Recipient's Identification Number: XXX-XX-XXXX
 SAMPLE TAXPAYER
 174889 SHOESMITH LANE
 ANYTOWN, IL 60600-0000

Submission Type:	Original document
Account Number (Optional):	XXXXXXXX
Tax Withheld:	0.00
Capital Gains:	0.00
Non-Dividend Distribution :	0.00
Cash Liquidation Distribution:	0.00
Non-Cash Liquidation Distribution:	0.00

Investment Expense:	0.00
Ordinary Dividend:	\$200.00
Collectibles (28%) Gain:	0.00
Unrecaptured Section 1250 Gain:	0.00
Section 1202 Gain:	0.00
Foreign Tax Paid:	0.00
Qualified Dividends:	\$200.00
Second Notice Indicator:	No Second Notice
FATCA Filing Requirement:	Box not checked no Filing Requirement
Exempt Interest Dividends:	0.00
Specified Private Activity Bond Interest Dividend:	0.00

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