Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 08-04-2025
Response Date: 08-04-2025
Tracking Number: 108545933271

Wage and Income Transcript

SSN Provided: XXX-XX-2281
Tax Period Requested: December, 2024

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:.....$120,448.00
Federal Income Tax Withheld:.....$18,360.00
Social Security Wages:.....$133,930.00
Social Security Tax Withheld:.....$8,303.00
Medicare Wages and Tips:.....$133,930.00
Medicare Tax Withheld:.....$1,941.00
Social Security Tips:.....$0.00
Allocated Tips:.....$0.00
Dependent Care Benefits:.....$0.00
Deferred Compensation:.....$13,481.00
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:.....$9,455.00
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
Code "II" Medicaid waiver payments excluded from gross income:.....$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):XXXXX9688
 FREE
 P.O. B

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

Submission Type:.....Amended document
Account Number (Optional):.....XXXXXX0794
Mortgage Interest Received from Payer(s)/Borrower(s):.....$4,629.00
Points Paid on Purchase of Principal Residence:.....$0.00
Refund of Overpaid Interest:.....$0.00
Mortgage Insurance Premiums:.....$744.00
Outstanding Mortgage Principal:.....$356,965.00
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:.....09-04-2024

Form 1098 Mortgage Interest Statement

Recipient/Lender:
 Recipient's Federal Identification Number (FIN):XXXXX9688
 FREE
 P.O. B

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

Submission Type:.....Original document
Account Number (Optional):.....XXXXXX0794
Mortgage Interest Received from Payer(s)/Borrower(s):.....$0.00
Points Paid on Purchase of Principal Residence:.....$0.00
Refund of Overpaid Interest:.....$0.00
Mortgage Insurance Premiums:.....$744.00
Outstanding Mortgage Principal:.....$356,965.00
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:.....09-04-2024

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):.....XXXXXXXXX2722
Mortgage Interest Received from Payer(s)/Borrower(s):.....$8,449.00
Points Paid on Purchase of Principal Residence:.....$0.00
Refund of Overpaid Interest:.....$0.00
Mortgage Insurance Premiums:.....$0.00
Outstanding Mortgage Principal:.....$363,354.00
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:.....$1,199.00

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):.....XXXXXXXXXXXXXXX4132
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:.....$4,693.00
Total Employee Contributions:.....$0.00
Unrealized Appreciation:.....$0.00
Other Income:.....$0.00
Gross Distribution:.....$35,595.00
Taxable Amount:.....$35,595.00
Eligible Capital Gains:.....$0.00
Amount to IRR:.....$0.00