



This Product Contains Sensitive Taxpayer Data

Wage and Income Transcript

Request Date: 10-28-2024
 Response Date: 10-28-2024
 Tracking Number: 106825886801

SSN Provided: 165-66-5538
Tax Period Requested: December, 2018

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN): 522199025
 TRANSTECK INC.
 4303 LEWIS ROAD
 HARRISBURG, PA 17111-0000

Employee:

Employee's Social Security Number: 165-66-5538
 CARL E CASSELL
 4020 CHAPMAN COURT
 DOVER, PA 17315-0000

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$40,684.00
Federal Income Tax Withheld:	\$3,327.00
Social Security Wages:	\$40,684.00
Social Security Tax Withheld:	\$2,522.00
Medicare Wages and Tips:	\$40,684.00
Medicare Tax Withheld:	\$589.00
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:	\$5,137.00
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:	Yes
Retirement Plan Indicator:	Unanswered
Statutory Employee:	Not Statutory Employee
W2 Submission Type:	Original
W2 WHC SSN Validation Code:	Correct SSN

Form 1099-B Proceeds From Broker and Barter Exchange Transactions

Payer:

Payer's Federal Identification Number (FIN): 472412638
 CAPITAL ONE INVESTING
 PO BOX 8958
 WILMINGTON, DE 19899-8958

Recipient:

Recipient's Identification Number: 165-66-5538
 CARL CASSELL
 JEANETTE FIGUEROA
 5535 SUSQUEHANNA TRAIL
 MANCHESTER, PA 17345-0000

Submission Type:	Original document
Account Number (Optional):	WSC2726531
Date Sold or Disposed:	08-20-2018
CUSIP Number:	75704L104
Gross Proceeds:	Nothing checked
Bartering:	\$0.00
Federal Income Tax Withheld:	\$0.00
Proceeds:	\$3.00
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:	\$1.00
Wash Sale Loss Disallowed:	\$0.00
Accrued Market Discount Amount:	\$0.00
Description:	RED VIOLET INC COM
Second Notice Indicator:	
Date Acquired:	03-27-2018
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 Collectibles:	Box not checked not reporting

Form 1098 Mortgage Interest Statement

Recipient/Lender:

Recipient's Federal Identification Number (FIN): 210534340
 CENLAR FSB
 425 PHILLIPS BLVD
 EWING, NJ 08618-0000

Payer/Borrower:

Payer's Social Security Number: 165-66-5538
 CARL E CASSELL
 4020 CHAPMAN COURT
 DOVER, PA 17315-0000

Submission Type:	Original document
Account Number (Optional):	MTG0098645831
Mortgage Interest Received from Payer(s)/Borrower(s):	\$6,799.00
Points Paid on Purchase of Principal Residence:	\$0.00
Refund of Overpaid Interest:	\$0.00
Mortgage Insurance Premiums:	\$0.00

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Outstanding Mortgage Principle:	\$160,497.00
Mortgage Origination Date:	05-08-2017
Property Address Verification:	
Address of property securing Mortgage:	4020 CHAPMAN COURT
Other information from recipient:	DOVER PA 17315
The number of mortgaged properties:	000000000002

Form 1099-INT

Payer:

Payer's Federal Identification Number (FIN):231360906
MEMBERS 1ST FEDERAL CREDIT UNION
5000 LOUISE DRIVE P.O. BOX 40
MECHANICSBURG, PA 17055-0000

Recipient:

Recipient's Identification Number: 165-66-5538
CASSELL CARL E
4020 CHAPMAN CT
DOVER, PA 17315-0000

Submission Type:	Original document
Account Number (Optional):	0000338673165665538
Interest:	\$37.00
Tax Withheld:	\$0.00
Savings Bonds:	\$0.00
Investment Expense:	\$0.00
Interest Forfeiture:	\$0.00
Foreign Tax Paid:	\$0.00
Tax-Exempt Interest:	\$0.00
Specified Private Activity Bond Interest:	\$0.00
Market Discount:	\$0.00
Bond Premium:	\$0.00
Bond Premium on Tax Exempt Bond:	\$0.00
Bond Premium on Treasury Obligations:	\$0.00
Second Notice Indicator:	No Second Notice
Foreign Country or US Possession:	
CUSIP Number:	
FATCA Filing Requirement:	Box not checked no Filing Requirement

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