



Wage and Income Transcript

Request Date: 10-28-2024
Response Date: 10-28-2024
Tracking Number: 106825886767

SSN Provided: 165-66-5538
Tax Period Requested: December, 2020

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:	\$53,574.00
Federal Income Tax Withheld:	\$4,311.00
Social Security Wages:	\$53,574.00
Social Security Tax Withheld:	\$3,321.00
Medicare Wages and Tips:	\$53,574.00
Medicare Tax Withheld:	\$776.00
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:	\$7,920.00
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 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):	\$6,997.00
Points Paid on Purchase of Principal Residence:	\$0.00
Refund of Overpaid Interest:	\$0.00
Mortgage Insurance Premiums:	\$1,282.00
Outstanding Mortgage Principle:	\$154,794.00
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
Mortgage Acquisition Date:	00-00-0000

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:	\$28.00
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

This Product Contains Sensitive Taxpayer Data