



# Wage and Income Transcript

Request Date: 10-28-2024  
 Response Date: 10-28-2024  
 Tracking Number: 106825886793

**SSN Provided:** 165-66-5538  
**Tax Period Requested:** December, 2021

## 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:	\$57,395.00
Federal Income Tax Withheld:	\$5,435.00
Social Security Wages:	\$57,395.00
Social Security Tax Withheld:	\$3,558.00
Medicare Wages and Tips:	\$57,395.00
Medicare Tax Withheld:	\$832.00
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:	\$7,251.00
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):	\$4,465.00
Points Paid on Purchase of Principal Residence:	\$0.00
Refund of Overpaid Interest:	\$0.00
Mortgage Insurance Premiums:	\$945.00
Outstanding Mortgage Principle:	\$151,756.00
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 1098 Mortgage Interest Statement

**Recipient/Lender:**

Recipient's Federal Identification Number (FIN):752921540  
NATIONSTAR MORTGAGE LLC DBA MR. COOPER  
8950 CYPRESS WATERS BLVD  
COPPELL, TX 75019-0000

**Payer/Borrower:**

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

Submission Type:	Original document
Account Number (Optional):	0685116550
Mortgage Interest Received from Payer(s)/Borrower(s):	\$2,146.00
Points Paid on Purchase of Principal Residence:	\$0.00
Refund of Overpaid Interest:	\$0.00
Mortgage Insurance Premiums:	\$414.00
Outstanding Mortgage Principle:	\$149,657.00
Mortgage Origination Date:	05-08-2017
Property Address Verification:	the address of the property securing the mortgage is the same as the payer's/borrower's
Address of property securing Mortgage:	
Other information from recipient:	
The number of mortgaged properties:	000000000000
Mortgage Acquisition Date:	09-09-2021

# Form 1099-INT

**Payer:**

Payer's Federal Identification Number (FIN):231360906

MEMBERS 1ST FEDERAL CREDIT UNION  
PO BOX 8893  
CAMP HILL, PA 17001-0000

**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:	\$23.00
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

## Form 1099-R Distributions from Pensions, Annuities, Retire or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

**Payer:**

Payer's Federal Identification Number (FIN):232186884  
VANGUARD FIDUCIARY TRUST COMPANY  
PO BOX 982902  
EL PASO, TX 79998-2902

**Recipient:**

Recipient's Identification Number: 165-66-5538  
CARL CASSELL  
4020 CHAPMAN CT  
DOVER, PA 17315-3945

Submission Type:	Original document
Account Number (Optional):	09063120210000103327
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:	Total Distribution
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:	\$21.00
Total Employee Contributions:	\$0.00
Unrealized Appreciation:	\$0.00
Other Income:	\$0.00
Gross Distribution:	\$108.00
Taxable Amount:	\$108.00
Eligible Capital Gains:	\$0.00
Amount to IRR:	\$0.00

# Form 1099-R Distributions from Pensions, Annuities, Retire or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

**Payer:**

Payer's Federal Identification Number (FIN):232186884  
VANGUARD FIDUCIARY TRUST COMPANY  
PO BOX 982902  
EL PASO, TX 79998-2902

**Recipient:**

Recipient's Identification Number: 165-66-5538  
CARL CASSELL  
4020 CHAPMAN CT  
DOVER, PA 17315-3945

Submission Type:	Original document
Account Number (Optional):	09063120210000103327
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:	Total Distribution
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:	\$21.00
Total Employee Contributions:	\$0.00
Unrealized Appreciation:	\$0.00
Other Income:	\$0.00
Gross Distribution:	\$108.00
Taxable Amount:	\$108.00
Eligible Capital Gains:	\$0.00
Amount to IRR:	\$0.00

This Product Contains Sensitive Taxpayer Data