



Wage and Income Transcript

Request Date: 10-28-2024
Response Date: 10-28-2024
Tracking Number: 106825886796

SSN Provided: 165-66-5538
Tax Period Requested: December, 2023

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:	\$68,770.00
Federal Income Tax Withheld:	\$7,553.00
Social Security Wages:	\$68,770.00
Social Security Tax Withheld:	\$4,263.00
Medicare Wages and Tips:	\$68,770.00
Medicare Tax Withheld:	\$997.00
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:	\$0.00
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):752921540
MR. COOPER
8950 CYPRESS WATERS BLVD
COPPELL, TX 75019-0000

Payer/Borrower:

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

Submission Type:	Original document
Account Number (Optional):	00 0685116550
Mortgage Interest Received from Payer(s)/Borrower(s):	\$5,891.00
Points Paid on Purchase of Principal Residence:	\$0.00
Refund of Overpaid Interest:	\$0.00
Mortgage Insurance Premiums:	\$1,099.00
Outstanding Mortgage Principle:	\$145,279.00
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:	000000000001
Mortgage Acquisition Date:	00-00-0000

Form 1099-DIV

Payer:

Payer's Federal Identification Number (FIN):464364776
ROBINHOOD MARKETS INC. AS AGENT FOR
ROBINHOOD SECURITIES LLC
85 WILLOW ROAD
MENLO PARK, CA 94025-0000

Recipient:

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

Submission Type:	Original document
Account Number (Optional):	764862215
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:	\$0.00
Collectibles (28%) Gain:	\$0.00
Unrecaptured Section 1250 Gain:	\$0.00
Section 1202 Gain:	\$0.00
Foreign Tax Paid:	\$0.00
Qualified Dividends:	\$0.00
Section 199A REIT Dividends:	\$0.00
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
Section 897 Ordinary Dividends:	\$0.00
Section 897 Capital Gain:	\$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):520236900
 THE BALTIMORE LIFE INSURANCE COMPANY
 10075 RED RUN BLVD
 OWINGS MILLS, MD 21117-0000

Recipient:

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

Submission Type:	Original document
Account Number (Optional):	A 0867132
Distribution Code Value:	Normal distribution
Distribution Code:	7
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:	\$0.00
Total Employee Contributions:	\$0.00
Unrealized Appreciation:	\$0.00
Other Income:	\$0.00
Gross Distribution:	\$2,898.00
Taxable Amount:	\$386.00
Eligible Capital Gains:	\$0.00
Amount to IRR:	\$0.00

This Product Contains Sensitive Taxpayer Data
