



Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Wage and Income Transcript

Request Date: 04-23-2024
Response Date: 04-23-2024
Tracking Number: 105878503348

SSN Provided: 502-90-6392
Tax Period Requested: December, 2022

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN): 831282304
PARTNERS ELITE FINANCIAL INC
3715 NE 44TH STREET
VANCOUVER, WA 98661-0000

Employee:

Employee's Social Security Number: 502-90-6392
VERONICA CURRY
6811 NE 121ST AVENUE
VANCOUVER, WA 98682-0000

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$21,000.00
Federal Income Tax Withheld:	\$2,510.00
Social Security Wages:	\$21,000.00
Social Security Tax Withheld:	\$1,302.00
Medicare Wages and Tips:	\$21,000.00
Medicare Tax Withheld:	\$304.00
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

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN): 912195928
 PRESTIGE MORTGAGE SERVICES INC
 8802 NE 5TH AVE STE 10
 VANCOUVER, WA 98665-0000

Employee:

Employee's Social Security Number: 502-90-6392
 VERONICA CURRY
 6811 NE 121ST AVE APT
 VANCOUVER, WA 98682-0000

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$13,540.00
Federal Income Tax Withheld:	\$1,371.00
Social Security Wages:	\$13,540.00
Social Security Tax Withheld:	\$839.00
Medicare Wages and Tips:	\$13,540.00
Medicare Tax Withheld:	\$196.00
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 1099-NEC Nonemployee Compensation

Issuer/Provider:

Issuer's/Provider's Federal ID No.: 544664330
 PAULINA LEDDA
 13982 SE SIEBEN PARKWAY
 CLACKAMAS, OR 97015-0000

Recipient:

Recipient's ID No.: 502-90-6392
 CURRY VERONICA
 6811 NE 121ST AVENUE APARTMENT S155
 VANCOUVER, WA 98382-0000

Submission Type:	Original document
Second Notice Indicator:	No Second Notice
Federal Income Tax Withheld:	\$0.00
Non-Employee Compensation:::	\$5,354.00
Direct Sales Indicator:	No direct sales

Form 1099-G

Payer:

Payer's Federal Identification Number (FIN):911762161
 WASHINGTON STATE EMPLOYMENT SECURITY DPT
 UNEMPLOYMENT INSURANCE DIVISION
 PO BOX 9046
 OLYMPIA, WA 98507-9046

Recipient:

Recipient's Identification Number: 502-90-6392
 CURRY,VERONICA
 6811 NE 121ST AVE S155
 VANCOUVER, WA 98682-5591

Submission Type:	Original document
Account Number (Optional):	UI
RTAA Payments:	\$0.00
Tax Withheld:	\$0.00
Taxable Grants:	\$0.00
Unemployment Compensation:	\$25,564.00
Agricultural Subsidies:	\$0.00
Prior Year Refund:	\$0.00
Market gain on Commodity Credit Corporation loans repaid:	\$0.00
Year of Refund:	Not Set
1099G Offset:	Not Refund, Credit, or Offset for Trade or Business
Second TIN Notice:	

Form 1099-INT

Payer:

Payer's Federal Identification Number (FIN):202111361
 THE BANCORP BANK, N.A.
 6100 S OLD VILLAGE PL
 SIOUX FALLS, SD 57108-0000

Recipient:

Recipient's Identification Number: 502-90-6392
 RONI CURRY
 6811 NE 121 ST AVE
 VANCOUVER, WA 98682-0000

Submission Type:	Original document
Account Number (Optional):	389122737320
Interest:	\$15.00
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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