



This Product Contains Sensitive Taxpayer Data

Wage and Income Transcript

Request Date: 02-26-2024
Response Date: 02-26-2024
Tracking Number: 105609969560

SSN Provided: 220-13-4558
Tax Period Requested: December, 2021

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN): 731220756
LOVES TRAVEL STOPS & COUNTRY STORES
PO BOX 26210
OKLAHOMA CITY, OK 73126-0000

Employee:

Employee's Social Security Number: 220-13-4558
EMILY A GRANT
P. O. BOX 1724
VAN, TX 75790-0000

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$31,318.00
Federal Income Tax Withheld:	\$1,988.00
Social Security Wages:	\$31,318.00
Social Security Tax Withheld:	\$1,941.00
Medicare Wages and Tips:	\$31,318.00
Medicare Tax Withheld:	\$454.00
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:	\$11,182.00

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 W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):751280100
 DAIRY QUEEN OF TYLER INC
 106 E HERITAGE DRIVE
 TYLER, TX 75703-0000

Employee:

Employee's Social Security Number: 220-13-4558
 EMILY A GRANT
 495 S BOIS D ARC ST
 VAN, TX 75790-0000

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$6,285.00
Federal Income Tax Withheld:	\$298.00
Social Security Wages:	\$6,285.00
Social Security Tax Withheld:	\$389.00
Medicare Wages and Tips:	\$6,285.00
Medicare Tax Withheld:	\$91.00
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 W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN): 943227600
 COST PLUS OF TEXAS
 200 4TH STREET
 OAKLAND, CA 94607-0000

Employee:

Employee's Social Security Number: 220-13-4558
 EMILY GRANT
 P.O. BOX 1724
 VAN, TX 75790-0000

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$194.00
Federal Income Tax Withheld:	\$0.00
Social Security Wages:	\$194.00
Social Security Tax Withheld:	\$12.00
Medicare Wages and Tips:	\$194.00
Medicare Tax Withheld:	\$2.00
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-C Cancellation of Debt

Creditor:

Creditor's Federal Identification Number (FIN):720210640
 CAPITAL ONE N.A.
 1680 CAPITAL ONE DR
 MCLEAN, VA 22102-0000

Debtor:

Debtor's Identification Number: 220-13-4558
 EMILY GRANT
 1530 VZ COUNTY ROAD 4602
 BEN WHEELER, TX 75754-3104

Submission Type:	Original document
Account Number (Optional):	0045924566
Date Canceled:	05-21-2021
Property Fair Market Value:	\$0.00
Amount of Debt Discharged:	\$1,342.00
Interest Forgiven Amount:	\$0.00
Identifiable Event Code:	Creditor's debt collection Policy
Debt Description:	CREDIT CARD
Personal Liability Indicator:	Box checked-Personally Liable

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