



This Product Contains Sensitive Taxpayer Data

Wage and Income Transcript

Request Date: 02-23-2024
 Response Date: 02-23-2024
 Tracking Number: 105595412220

SSN Provided: 301-74-8062
Tax Period Requested: December, 2014

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):460224588
 AUGUSTANA COLLEGE
 2001 S SUMMIT AVE
 SIOUX FALLS, SD 57197-0000

Employee:

Employee's Social Security Number: 301-74-8062
 HUNTER BOY SUMMERS
 123 S PRAIRIE AVE
 SIOUX FALLS, SD 57104-0000

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$579.00
Federal Income Tax Withheld:	\$0.00
Social Security Wages:	\$579.00
Social Security Tax Withheld:	\$35.00
Medicare Wages and Tips:	\$579.00
Medicare Tax Withheld:	\$8.00
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
Third Party Sick Pay Indicator:	Unanswered
Retirement Plan Indicator:	Unanswered
Statutory Employee:	Not Statutory Employee

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):466000364

Wage and Income Transcript

STATE OF SOUTH DAKOTA
500 E CAPITOL AVE STATE AUDITOR S OFFI
PIERRE, SD 57501-5007

Employee:

Employee's Social Security Number: 301-74-8062
HUNTER B SUMMERS
123 S PRAIRIE AVE
SIOUX FALLS, SD 57104-3534

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$36,571.00
Federal Income Tax Withheld:	\$4,673.00
Social Security Wages:	\$40,152.00
Social Security Tax Withheld:	\$2,489.00
Medicare Wages and Tips:	\$40,152.00
Medicare Tax Withheld:	\$582.00
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:	\$12,889.00
Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b) Plan:	\$0.00
Third Party Sick Pay Indicator:	Unanswered
Retirement Plan Indicator:	Yes - retirement plan
Statutory Employee:	Not Statutory Employee

Form 1098 Mortgage Interest Statement

Recipient/Lender:

Recipient's Federal Identification Number (FIN):134994650
JPMORGAN CHASE BANK N.A.
HOME LENDING
3415 VISION DRIVE OH4 7214
COLUMBUS, OH 43219-6009

Payer/Borrower:

Payer's Social Security Number: 301-74-8062
HUNTER B SUMMERS
TRACY SUMMERS
123 S PRAIRIE AVE
SIOUX FALLS, SD 57104-0000

Submission Type:	Original document
Account Number (Optional):	201793752945
Mortgage Interest Received from Payer(s)/Borrower(s):	\$3,950.00
Points Paid on Purchase of Principal Residence:	\$0.00
Refund of Overpaid Interest:	\$0.00

Form 1098 Mortgage Interest Statement

Recipient/Lender:

Recipient's Federal Identification Number (FIN):411571815
MINNWEST BANK
PO BOX 439
REDWOOD FALLS, MN 56283-0000

Payer/Borrower:

Payer's Social Security Number: 301-74-8062
HUNTER B SUMMERS
123 S PRAIRIE AVE
SIOUX FALLS, SD 57104-0000

Submission Type:	Original document
Account Number (Optional):	00000000000056579
Mortgage Interest Received from Payer(s)/Borrower(s):	\$722.00
Points Paid on Purchase of Principal Residence:	\$0.00
Refund of Overpaid Interest:	\$0.00

Form 1098-E Student Loan Interest Statement

Recipient/Lender:

Recipient's Federal Identification Number (FIN):952501112
ACS INC
2277 E 220TH STREET
LONG BEACH, CA 90810-1690

Borrower:

Borrower's Social Security Number: 301-74-8062
SUMMERS HUNTER B
123 S PRAIRIE AVE
SIOUX FALLS, SD 57104-3534

Submission Type:	Original document
Account Number (Optional):	3017480621
Loan Origination Fees:	Not checked - does include loan origination fees and/or capitalized interest, and the loan was made before September 1, 2004
Student Loan Interest Received by Lender:	\$1,707.00

Form 1099-INT

Payer:

Payer's Federal Identification Number (FIN):941347393
WELLS FARGO BANK N.A.
P O BOX 3908 114
PORTLAND, OR 97208-0000

Recipient:

Recipient's Identification Number: 301-74-8062
HUNTER SUMMERS
123 S PRAIRIE AVE
SIOUX FALLS, SD 57104-3534

Submission Type:	Original document
Account Number (Optional):	63401000444541202437
Interest:	\$0.00
Tax Withheld:	\$0.00
Savings Bonds:	\$778.00
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

Wage and Income Transcript

Bond Premium: \$0.00
Second Notice Indicator: No Second Notice
Foreign Country or US Possession:
CUSIP Number:

This Product Contains Sensitive Taxpayer Data