



This Product Contains Sensitive Taxpayer Data

Wage and Income Transcript

Request Date: 02-23-2024
 Response Date: 02-23-2024
 Tracking Number: 105595412232

SSN Provided: 301-74-8062
Tax Period Requested: December, 2015

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):460224588
 AUGUSTANA UNIVERSITY
 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:	\$94.00
Federal Income Tax Withheld:	\$0.00
Social Security Wages:	\$94.00
Social Security Tax Withheld:	\$5.00
Medicare Wages and Tips:	\$94.00
Medicare Tax Withheld:	\$1.00
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):460398554

Wage and Income Transcript

SIOUX MERCHANT PATROL INC.
1501 N CLEVELAND AVE
SIOUX FALLS, SD 57103-0000

Employee:

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

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$546.00
Federal Income Tax Withheld:	\$0.00
Social Security Wages:	\$546.00
Social Security Tax Withheld:	\$33.00
Medicare Wages and Tips:	\$546.00
Medicare Tax Withheld:	\$7.00
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
STATE OF SOUTH DAKOTA
500 E CAPITOL AVE
PIERRE, SD 57501-5007

Employee:

Employee's Social Security Number: 301-74-8062
HUNTER B SUMMERS
5904 W TECUMSEH CT
SIOUX FALLS, SD 57106-0435

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$39,608.00
Federal Income Tax Withheld:	\$5,086.00
Social Security Wages:	\$43,401.00
Social Security Tax Withheld:	\$2,690.00
Medicare Wages and Tips:	\$43,401.00
Medicare Tax Withheld:	\$629.00
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

Wage and Income Transcript

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:	\$10,322.00
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.
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):	\$5,321.00
Points Paid on Purchase of Principal Residence:	\$0.00
Refund of Overpaid Interest:	\$0.00

This Product Contains Sensitive Taxpayer Data