



This Product Contains Sensitive Taxpayer Data

# Wage and Income Transcript

Request Date: 02-23-2024  
 Response Date: 02-23-2024  
 Tracking Number: 105595412212

**SSN Provided:** 301-74-8062  
**Tax Period Requested:** December, 2016

## 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  
 5904 W TECUMSEH CT  
 SIOUX FALLS, SD 57106-0435

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$117.00
Federal Income Tax Withheld:	\$0.00
Social Security Wages:	\$117.00
Social Security Tax Withheld:	\$7.00
Medicare Wages and Tips:	\$117.00
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
W2 Submission Type:	Original
W2 WHC SSN Validation Code:	Correct SSN

## Form W-2 Wage and Tax Statement

# Wage and Income Transcript

**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  
5904 W TECUMSEH CT  
SIOUX FALLS, SD 57106-0435

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$117.00
Federal Income Tax Withheld:	\$0.00
Social Security Wages:	\$117.00
Social Security Tax Withheld:	\$7.00
Medicare Wages and Tips:	\$117.00
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
W2 Submission Type:	Original
W2 WHC SSN Validation Code:	Correct SSN

## Form W-2 Wage and Tax Statement

**Employer:**

Employer Identification Number (EIN):460398554  
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:	\$658.00
Federal Income Tax Withheld:	\$0.00
Social Security Wages:	\$658.00
Social Security Tax Withheld:	\$40.00
Medicare Wages and Tips:	\$658.00
Medicare Tax Withheld:	\$9.00
Social Security Tips:	\$0.00

# Wage and Income Transcript

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
W2 Submission Type:	Original
W2 WHC SSN Validation Code:	Correct SSN

## Form W-2 Wage and Tax Statement

### Employer:

Employer Identification Number (EIN):464766622  
BADLANDS MANAGEMENT LLC  
901 W 10TH ST  
SIOUX FALLS, SD 57104-0000

### Employee:

Employee's Social Security Number: 301-74-8062  
HUNTER SUMMERS  
5904 W. TECUMSEH CT.  
SIOUX FALLS, SD 57106-0000

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$975.00
Federal Income Tax Withheld:	\$0.00
Social Security Wages:	\$975.00
Social Security Tax Withheld:	\$60.00
Medicare Wages and Tips:	\$975.00
Medicare Tax Withheld:	\$14.00
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

W2 Submission Type:  
W2 WHC SSN Validation Code:

Original  
Correct SSN

## 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:	\$41,306.00
Federal Income Tax Withheld:	\$5,339.00
Social Security Wages:	\$45,197.00
Social Security Tax Withheld:	\$2,802.00
Medicare Wages and Tips:	\$45,197.00
Medicare Tax Withheld:	\$655.00
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:	\$8,493.00
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
W2 Submission Type:	Original
W2 WHC SSN Validation Code:	Correct SSN

## Form W-2 Wage and Tax Statement

### Employer:

Employer Identification Number (EIN):611761307  
BADLAND MOTOR SPEEDWAY LLC  
1600 W RUSSELL ST  
SIOUX FALLS, SD 57104-0000

### Employee:

Employee's Social Security Number: 301-74-8062  
HUNTER SUMMERS  
5904 W TECUMSEH CT  
SIOUX FALLS, SD 57106-0000

Submission Type: Original document

## Wage and Income Transcript

Wages, Tips and Other Compensation:	\$3,131.00
Federal Income Tax Withheld:	\$1.00
Social Security Wages:	\$3,131.00
Social Security Tax Withheld:	\$194.00
Medicare Wages and Tips:	\$3,131.00
Medicare Tax Withheld:	\$45.00
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
W2 Submission Type:	Original
W2 WHC SSN Validation Code:	Correct SSN

## Form 1098-E Student Loan Interest Statement

### Recipient/Lender:

Recipient's Federal Identification Number (FIN):042254705  
AMERICAN STUDENT ASSISTANCE  
100 CAMBRIDGE STREET SUITE 1600  
BOSTON, MA 02114-0000

### Borrower:

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

Submission Type:	Original document
Account Number (Optional):	N/A
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:	\$747.00

## Form 1098-E Student Loan Interest Statement

### Recipient/Lender:

Recipient's Federal Identification Number (FIN):541843973  
NAVIENT SOLUTIONS INC.  
2001 EDMUND HALLEY DRIVE  
RESTON, VA 20191-3436

### Borrower:

Borrower's Social Security Number: 301-74-8062  
SUMMERS HUNTER B  
5904 W TECUMSEH CT

Wage and Income Transcript

SIOUX FALLS, SD 57106-0435

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:	\$15,033.00

This Product Contains Sensitive Taxpayer Data