



This Product Contains Sensitive Taxpayer Data

Wage and Income Transcript

Request Date: 02-23-2024
 Response Date: 02-23-2024
 Tracking Number: 105595412236

SSN Provided: 301-74-8062
Tax Period Requested: December, 2017

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN): 460398554
 SIOUX MERCHANT PATROL
 SIOUX MERCHANT PATROL INC
 SIOUX FALLS, SD 57103-0000

Employee:

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

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$458.00
Federal Income Tax Withheld:	\$0.00
Social Security Wages:	\$458.00
Social Security Tax Withheld:	\$28.00
Medicare Wages and Tips:	\$458.00
Medicare Tax Withheld:	\$6.00
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
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):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:	\$40,721.00
Federal Income Tax Withheld:	\$5,217.00
Social Security Wages:	\$44,698.00
Social Security Tax Withheld:	\$2,771.00
Medicare Wages and Tips:	\$44,698.00
Medicare Tax Withheld:	\$648.00
Social Security Tips:	\$0.00
Allocated Tips:	\$0.00
Dependent Care Benefits:	\$2,499.00
Deferred Compensation:	\$0.00
Code "Q" Nontaxable Combat Pay:	\$0.00
Code "W" Employer Contributions to a Health Savings Account:	\$650.00
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:	\$8,959.00
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
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
Wages, Tips and Other Compensation:	\$181.00
Federal Income Tax Withheld:	\$0.00
Social Security Wages:	\$181.00
Social Security Tax Withheld:	\$11.00
Medicare Wages and Tips:	\$181.00
Medicare Tax Withheld:	\$2.00
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
Code "FF" Permitted benefits under a qualified small employer health reimbursement arrangement:	\$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 5498 SA

Trustee:

Trustee's Federal Identification Number (FIN):450283315
HEALTHCARE BANK A DIVISION OF BELL BANK
PO BOX 9184
FARGO, ND 58106-9184

Participant:

Participant's Identification Number: 301-74-8062
HUNTER SUMMERS
5904 W TECUMSEH CT
SIOUX FALLS, SD 57106-0435

Submission Type:	Original document
Account Number (Optional):	DBI27085301748062
MSA Contributions:	\$0.00
Current Contributions:	\$650.00
Future Contributions:	\$0.00
Rollover MSA Contributions:	\$0.00
MSA Fair Market Value:	\$100.00
HSA Indicator:	HSA Box Checked
Archer MSA Indicator:	Archer MSA Box Not Checked
MA MSA Indicator:	Not Checked

Form 1099-SA or 5498-SA

Payer:

Payer's Federal Identification Number (FIN):450283315
HEALTHCARE BANK A DIVISION OF BELL BANK
PO BOX 9184
FARGO, ND 58106-9184

Recipient:

Recipient's Identification Number: 301-74-8062
HUNTER SUMMERS
5904 W TECUMSEH CT
SIOUX FALLS, SD 57106-0435

Submission Type:	Original document
Account Number (Optional):	DBI27085301748062

Wage and Income Transcript

MSA Distribution Code:	Normal Distribution
Earnings on Distributive Excess Contributions:	\$0.00
MSA Gross Distributions:	\$550.00
FMV On Date of Death:	\$0.00
HSA Indicator:	HSA Box Checked
Archer MSA Indicator:	Archer MSA Box Not Checked
MA MSA Indicator:	Not Checked

This Product Contains Sensitive Taxpayer Data