



This Product Contains Sensitive Taxpayer Data

Wage and Income Transcript

Request Date: 02-23-2024
 Response Date: 02-23-2024
 Tracking Number: 105595412203

SSN Provided: 301-74-8062
Tax Period Requested: December, 2018

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:	\$35,689.00
Federal Income Tax Withheld:	\$3,938.00
Social Security Wages:	\$39,806.00
Social Security Tax Withheld:	\$2,467.00
Medicare Wages and Tips:	\$39,806.00
Medicare Tax Withheld:	\$577.00
Social Security Tips:	\$0.00
Allocated Tips:	\$0.00
Dependent Care Benefits:	\$4,995.00
Deferred Compensation:	\$0.00
Code "Q" Nontaxable Combat Pay:	\$0.00
Code "W" Employer Contributions to a Health Savings Account:	\$1,200.00
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:	\$11,508.00
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:	Yes - retirement plan
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:	\$1,200.00
Future Contributions:	\$0.00
Rollover MSA Contributions:	\$0.00
MSA Fair Market Value:	\$101.00
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
MSA Distribution Code:	Normal Distribution
Earnings on Distributive Excess Contributions:	\$0.00
MSA Gross Distributions:	\$1,198.00
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

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