



This Product Contains Sensitive Taxpayer Data

Wage and Income Transcript

Request Date: 02-23-2024
 Response Date: 02-23-2024
 Tracking Number: 105595412201

SSN Provided: 301-74-8062
Tax Period Requested: December, 2020

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN): 460224588
 AUGUSTANA UNIVERSITY
 2001 S SUMMIT AVE
 SIOUX FALLS

Employee:

Employee's Social Security Number: 301-74-8062
 HUNTER BOY SUMMERS
 1204 E KEYSTONE PL #43
 BRANDON, SD 57005-0000

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$923.00
Federal Income Tax Withheld:	\$0.00
Social Security Wages:	\$923.00
Social Security Tax Withheld:	\$57.00
Medicare Wages and Tips:	\$923.00
Medicare Tax Withheld:	\$13.00
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
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:	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):460307561
 VFW THREE RIVERS POST 4726
 321 MAIN AVE S
 BRANDON, SD 57005-0000

Employee:

Employee's Social Security Number: 301-74-8062
 HUNTER B SUMMERS
 1204 E KEYSTONE PL #43
 BRANDON, SD 57005-0000

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$595.00
Federal Income Tax Withheld:	\$0.00
Social Security Wages:	\$430.00
Social Security Tax Withheld:	\$36.00
Medicare Wages and Tips:	\$595.00
Medicare Tax Withheld:	\$8.00
Social Security Tips:	\$164.00
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
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:	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):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:	\$44,282.00

Wage and Income Transcript

Federal Income Tax Withheld:	\$5,769.00
Social Security Wages:	\$47,849.00
Social Security Tax Withheld:	\$2,966.00
Medicare Wages and Tips:	\$47,849.00
Medicare Tax Withheld:	\$693.00
Social Security Tips:	\$0.00
Allocated Tips:	\$0.00
Dependent Care Benefits:	\$0.00
Deferred Compensation:	\$255.00
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:	\$10,451.00
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 1099-R Distributions from Pensions, Annuities, Retire or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Payer:

Payer's Federal Identification Number (FIN):466000364
SOUTH DAKOTA RETIREMENT SYSTEM
BOX 1098
PIERRE, SD 57501-1098

Recipient:

Recipient's Identification Number: 301-74-8062
SUMMERS HUNTER
1204 E KEYSTONE PL 43
BRANDON, SD 57005-2067

Submission Type:	Original document
Account Number (Optional):	00000527
Distribution Code Value:	Normal distribution
Distribution Code:	7
Distribution Code Value:	Not significant
Distribution Code:	Blank
Tax Amount Undetermined Code:	Not checked
Total Distribution Code:	Not checked
First Year Roth Contribution:	0000
SEP Indicator:	IRA/SEP/SIMP box not checked
FATCA Indicator:	not FATCA
Date of Payment for Reportable Death Benefits under Section 6050Y:	00-00-0000
Tax Withheld:	\$241.00
Total Employee Contributions:	\$0.00
Unrealized Appreciation:	\$0.00
Other Income:	\$0.00
Gross Distribution:	\$3,364.00
Taxable Amount:	\$3,364.00

Wage and Income Transcript

Eligible Capital Gains:	\$0.00
Amount to IRR:	\$0.00

This Product Contains Sensitive Taxpayer Data