



This Product Contains Sensitive Taxpayer Data

# Wage and Income Transcript

Request Date: 02-23-2024  
 Response Date: 02-23-2024  
 Tracking Number: 105595412217

**SSN Provided:** 301-74-8062  
**Tax Period Requested:** December, 2022

## Form W-2 Wage and Tax Statement

**Employer:**

Employer Identification Number (EIN): 410706155  
 AMERICAN BAPTIST HOMES OF MIDWEST  
 14850 SCENIC HEIGHTS R  
 EDEN PRAIRIE, MN 55344-2205

**Employee:**

Employee's Social Security Number: 301-74-8062  
 HUNTER SUMMERS  
 1204 E. KEYSTONE PLACE  
 BRANDON, SD 57005-0000

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$152.00
Federal Income Tax Withheld:	\$0.00
Social Security Wages:	\$152.00
Social Security Tax Withheld:	\$9.00
Medicare Wages and Tips:	\$152.00
Medicare Tax Withheld:	\$2.00
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):410706155  
 AMERICAN BAPTIST HOMES OF MIDWEST  
 14850 SCENIC HEIGHTS R  
 EDEN PRAIRIE, MN 55344-2205

**Employee:**

Employee's Social Security Number: 301-74-8062  
 HUNTER SUMMERS  
 1204 E. KEYSTONE PLACE  
 BRANDON, SD 57005-0000

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$152.00
Federal Income Tax Withheld:	\$0.00
Social Security Wages:	\$152.00
Social Security Tax Withheld:	\$9.00
Medicare Wages and Tips:	\$152.00
Medicare Tax Withheld:	\$2.00
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):410706155  
 AMERICAN BAPTIST HOMES OF MIDWEST  
 14850 SCENIC HEIGHTS R  
 EDEN PRAIRIE, MN 55344-2205

**Employee:**

Employee's Social Security Number: 301-74-8062  
 HUNTER SUMMERS  
 1204 E. KEYSTONE PLACE  
 BRANDON, SD 57005-0000

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$152.00

## Wage and Income Transcript

Federal Income Tax Withheld:	\$0.00
Social Security Wages:	\$152.00
Social Security Tax Withheld:	\$9.00
Medicare Wages and Tips:	\$152.00
Medicare Tax Withheld:	\$2.00
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):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:	\$7,781.00
Federal Income Tax Withheld:	\$0.00
Social Security Wages:	\$7,781.00
Social Security Tax Withheld:	\$482.00
Medicare Wages and Tips:	\$7,781.00
Medicare Tax Withheld:	\$112.00
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

## Wage and Income Transcript

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):460224743  
AVERA MCKENNAN  
1325 S CLIFF AVE  
SIOUX FALLS, SD 57105-0000

### Employee:

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

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$1,884.00
Federal Income Tax Withheld:	\$0.00
Social Security Wages:	\$1,884.00
Social Security Tax Withheld:	\$116.00
Medicare Wages and Tips:	\$1,884.00
Medicare Tax Withheld:	\$27.00
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:

## Wage and Income Transcript

Employer Identification Number (EIN):463005490  
DAKOTA MATTRESS VENTURES LLC  
1420 N MINNESOTA AVE  
SIOUX FALLS, SD 57104-0000

### Employee:

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

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$285.00
Federal Income Tax Withheld:	\$0.00
Social Security Wages:	\$285.00
Social Security Tax Withheld:	\$17.00
Medicare Wages and Tips:	\$285.00
Medicare Tax Withheld:	\$4.00
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):845157027  
MELISSA LEES LLC  
3471 TITANIC CIR  
INDIALANTIC, FL 32903-0000

### Employee:

Employee's Social Security Number: 301-74-8062  
HUNTER B SUMMERS  
1233 MUSGRASS CR  
WEST MELBOURNE, FL 32904-0000

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$4,376.00
Federal Income Tax Withheld:	\$231.00
Social Security Wages:	\$4,376.00
Social Security Tax Withheld:	\$271.00
Medicare Wages and Tips:	\$4,376.00
Medicare Tax Withheld:	\$63.00

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 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  
 505 N REDBIRD PL  
 SIOUX FALLS, SD 57107-1216

Submission Type:	Original document
Account Number (Optional):	00000611
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:	\$522.00
Total Employee Contributions:	\$0.00
Unrealized Appreciation:	\$0.00
Other Income:	\$0.00
Gross Distribution:	\$9,584.00
Taxable Amount:	\$9,584.00
Eligible Capital Gains:	\$0.00
Amount to IRR:	\$0.00

This Product Contains Sensitive Taxpayer Data
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