



This Product Contains Sensitive Taxpayer Data

Wage and Income Transcript

Request Date: 02-14-2024
Response Date: 02-14-2024
Tracking Number: 105547414657

SSN Provided: 593-01-5064
Tax Period Requested: December, 2019

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN): 221326940
ABB INSTALLATION PRODUCTS INC
305 GREGSON DRIVE
CARY, NC 27511-0000

Employee:

Employee's Social Security Number: 593-01-5064
MARCUS COLLIER
1600 SOUTH PALMETTO AV
SOUTH DAYTONA, FL 32119-0000

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| Submission Type: | Original document |
| Wages, Tips and Other Compensation: | \$34,139.00 |
| Federal Income Tax Withheld: | \$1,422.00 |
| Social Security Wages: | \$35,308.00 |
| Social Security Tax Withheld: | \$2,189.00 |
| Medicare Wages and Tips: | \$35,308.00 |
| Medicare Tax Withheld: | \$511.00 |
| Social Security Tips: | \$0.00 |
| Allocated Tips: | \$0.00 |
| Dependent Care Benefits: | \$0.00 |
| Deferred Compensation: | \$1,169.00 |
| 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 |

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| 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: | \$13,971.00 |
| 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 W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):221326940
 ABB INSTALLATION PRODUCTS INC
 305 GREGSON DRIVE
 CARY, NC 27511-0000

Employee:

Employee's Social Security Number: 593-01-5064
 MARCUS COLLIER
 1600 SOUTH PALMETTO
 SOUTH DAYTONA, FL 32119-0000

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| Submission Type: | Amended document |
| Wages, Tips and Other Compensation: | \$34,423.00 |
| Federal Income Tax Withheld: | \$1,485.00 |
| Social Security Wages: | \$35,593.00 |
| Social Security Tax Withheld: | \$2,206.00 |
| Medicare Wages and Tips: | \$35,593.00 |
| Medicare Tax Withheld: | \$516.00 |
| 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 |

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|---|---------------|
| 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: | No Correction |
| Statutory Employee: | No Correction |
| W2 Submission Type: | Corrected |
| 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):941687665
 BANK OF AMERICA, N.A.
 P.O. BOX 1551
 PENNINGTON, NJ 08534-0737

Recipient:

Recipient's Identification Number: 593-01-5064
 COLLIER MARCUS
 1600 SOUTH PALMETTO AVENUE
 SOUTH DAYTONA, FL 32119-0000

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| Submission Type: | Original document |
| Account Number (Optional): | 610159-1 |
| Distribution Code Value: | Early Distribution, no known exception (in most cases, under age 59 1/2) |
| Distribution Code: | 1 |
| 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: | \$724.00 |
| Total Employee Contributions: | \$0.00 |
| Unrealized Appreciation: | \$0.00 |
| Other Income: | \$0.00 |
| Gross Distribution: | \$3,622.00 |
| Taxable Amount: | \$3,622.00 |

Eligible Capital Gains:

\$0.00

Amount to IRR:

\$0.00

This Product Contains Sensitive Taxpayer Data