



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, 2020

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

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$33,075.00
Federal Income Tax Withheld:	\$1,402.00
Social Security Wages:	\$34,093.00
Social Security Tax Withheld:	\$2,113.00
Medicare Wages and Tips:	\$34,093.00
Medicare Tax Withheld:	\$494.00
Social Security Tips:	\$0.00
Allocated Tips:	\$0.00
Dependent Care Benefits:	\$0.00
Deferred Compensation:	\$1,017.00
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:	\$338.00
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):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 S PALMETTO AVE 114
 SOUTH DAYTONA, FL 32119-0000

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:	\$103.00
Total Employee Contributions:	\$0.00

Unrealized Appreciation:	\$0.00
Other Income:	\$0.00
Gross Distribution:	\$2,037.00
Taxable Amount:	\$2,037.00
Eligible Capital Gains:	\$0.00
Amount to IRR:	\$0.00

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