



This Product Contains Sensitive Taxpayer Data

Wage and Income Transcript

Request Date: 02-14-2024
Response Date: 02-14-2024
Tracking Number: 105547414551

SSN Provided: 267-57-5951
Tax Period Requested: December, 2021

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN): 205715468
PARTNERS IN CARE, LLC
1901 MASON AVENUE, SUI
DAYTONA BEACH, FL 32117-0000

Employee:

Employee's Social Security Number: 267-57-5951
FLORIE H COLLIER
1600 SOUTH PALMETTO AV
SOUTH DAYTONA, FL 32119-0000

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$14,383.00
Federal Income Tax Withheld:	\$771.00
Social Security Wages:	\$14,383.00
Social Security Tax Withheld:	\$891.00
Medicare Wages and Tips:	\$14,383.00
Medicare Tax Withheld:	\$208.00
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):593706233
 THE INTERNATIONAL MIRACLE CENTER CH
 920 BEVILLE RD.
 DAYTONA BEACH, FL 32114-0000

Employee:

Employee's Social Security Number: 267-57-5951
 FLORIE COLLIER
 1600 S PALMETTO AVE. A
 SOUTH DAYTONA, FL 32119-0000

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$11,510.00
Federal Income Tax Withheld:	\$271.00
Social Security Wages:	\$11,510.00
Social Security Tax Withheld:	\$713.00
Medicare Wages and Tips:	\$11,510.00
Medicare Tax Withheld:	\$166.00
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

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