

This Product Contains Sensitive Taxpayer Data

Wage and Income Transcript

Request Date: 02-14-2024
Response Date: 02-14-2024
Tracking Number: 105547414791

SSN Provided: 537-88-8994
Tax Period Requested: December, 2020

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):930798201 FRED MEYER STORES, INC. 1014 VINE STREET CINCINNATI,, OH 45202-1100

Employee:

Employee's Social Security Number: 537-88-8994 JENNIFER RHODES 5817 65TH AVE NE MARYSVILLE, WA 98270-0000

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$62,391.00
Federal Income Tax Withheld:	\$1,738.00
Social Security Wages:	\$62,391.00
Social Security Tax Withheld:	\$3,868.00
Medicare Wages and Tips:	\$62,391.00
Medicare Tax Withheld:	\$904.00
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:	\$1,000.00
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 Qual	ified Adoptions:	\$0.00
Code "V" Income from exercise of no	n-statutory stock options:	\$0.00
Code "AA" Designated Roth Contribut	ions under a Section 401(k) Plan:	\$0.00
Code "BB" Designated Roth Contribut	ions under a Section 403(b) Plan:	\$0.00
Code "DD" Cost of Employer-Sponsore	ed Health Coverage:	\$9,638.00
Code "EE" Designated ROTH Contribut Plan:	ions Under a Governmental Section 457(b)	\$0.00
Code "FF" Permitted benefits under reimbursement arrangement:	a qualified small employer health	\$0.00
Code "GG" Income from Qualified Equ	ity Grants Under Section 83(i):	\$0.00
Code "HH" Aggregate Deferrals Under the Calendar Year:	Section 83(i) Elections as of the Close of	\$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 5498 SA

Trustee:

Trustee's Federal Identification Number (FIN):941687665 BANK OF AMERICA, N.A. C/O HEALTH ACCOUNT SERVICES PO BOX 2203 FARGO, ND 58108-0000

Participant:

Participant's Identification Number: 537-88-8994 JENNIFER RHODES 5817 65TH AVE NE MARYSVILLE, WA 98270-0000

Original document Submission Type: K6301000010000245123 Account Number (Optional): MSA Contributions: \$0.00 \$1,000.00 Current Contributions: Future Contributions: \$0.00 Rollover MSA Contributions: \$0.00 MSA Fair Market Value: \$125.00 HSA Indicator: HSA Box Checked Archer MSA Indicator: Archer MSA Box Not Checked MA MSA Indicator: Not Checked

Form W-2G

Payer:

Payer's Federal Identification Number (FIN):911554468 TULALIP GAMING ORGANIZATION 10200 QUIL CEDA BLVD TULALIP, WA 98271-0000

Winner:

Winner's Taxpayer Identification Number (TIN): 537-88-8994 RHODES JENNIFER LYNN 5817 65TH AVE NE MARYSVILLE, WA 98270-0000

Submission Type:

Gross Winnings:

Federal Income Tax Withheld:

Type of Wager:

Date Won:

Winnings from Identical Wagers:

Submission Type:

Original document
\$1,802.00

\$1,802.00

\$0.00

Form W-2G

Payer:

Payer's Federal Identification Number (FIN):911554468 TULALIP GAMING ORGANIZATION 10200 QUIL CEDA BLVD TULALIP, WA 98271-0000

Winner:

Winner's Taxpayer Identification Number (TIN): 537-88-8994 RHODES JENNIFER LYNN 5817 65TH AVE NE MARYSVILLE, WA 98270-0000

Submission Type:

Gross Winnings:

Federal Income Tax Withheld:

Type of Wager:

Date Won:

Winnings from Identical Wagers:

Submission Type:

Original document

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Form W-2G

Payer:

Payer's Federal Identification Number (FIN):911554468 TULALIP GAMING ORGANIZATION 10200 QUIL CEDA BLVD TULALIP, WA 98271-0000

Winner:

Winner's Taxpayer Identification Number (TIN): 537-88-8994 RHODES JENNIFER LYNN 5817 65TH AVE NE MARYSVILLE, WA 98270-0000

Submission Type:

Gross Winnings:

Federal Income Tax Withheld:

Type of Wager:

Date Won:

Winnings from Identical Wagers:

Submission Type:

Original document

\$1,867.00

\$0.00

\$10-08-2020

\$10-08-2020

Form W-2G

Payer:

Payer's Federal Identification Number (FIN):911554468 TULALIP GAMING ORGANIZATION 10200 QUIL CEDA BLVD TULALIP, WA 98271-0000

Winner:

Winner's Taxpayer Identification Number (TIN): 537-88-8994 RHODES JENNIFER LYNN 5817 65TH AVE NE MARYSVILLE, WA 98270-0000

Submission Type:
Gross Winnings:
Federal Income Tax Withheld:
Submission Type of Wager:
Submission Type:
S

Form 1099-SA or 5498-SA

Payer:

Payer's Federal Identification Number (FIN):941687665 BANK OF AMERICA, N.A. C/O HEALTH ACCOUNT SERVICES PO BOX 2203 FARGO, ND 58108-0000

Recipient:

Recipient's Identification Number: 537-88-8994 JENNIFER RHODES 5817 65TH AVE NE MARYSVILLE, WA 98270-0000 MA MSA Indicator:

Original document Submission Type: M3301000010000245123 Account Number (Optional): MSA Distribution Code: Normal Distribution Earnings on Distributive Excess Contributions: \$0.00 MSA Gross Distributions: \$1,000.00 FMV On Date of Death: \$0.00 HSA Indicator: HSA Box Checked Archer MSA Indicator: Archer MSA Box Not Checked

This Product Contains Sensitive Taxpayer Data

Not Checked