



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, 2022

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
865 111TH STREET SOUTH
TACOMA, WA 98444-0000

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$71,408.00
Federal Income Tax Withheld:	\$7,283.00
Social Security Wages:	\$71,408.00
Social Security Tax Withheld:	\$4,427.00
Medicare Wages and Tips:	\$71,408.00
Medicare Tax Withheld:	\$1,035.00
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:	\$1,750.00
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:	\$4,073.00
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 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
 865 111TH STREET SOUTH
 TACOMA, WA 98444-0000

Submission Type:	Original document
Account Number (Optional):	K6301000010000245123
MSA Contributions:	\$0.00
Current Contributions:	\$1,666.00
Future Contributions:	\$83.00
Rollover MSA Contributions:	\$0.00
MSA Fair Market Value:	\$1,228.00
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:	Original document
Gross Winnings:	\$1,548.00
Federal Income Tax Withheld:	\$0.00
Type of Wager:	Slot Machines
Date Won:	07-29-2022
Winnings from Identical Wagers:	\$0.00

Form 1099-S

Filer:

Filer's Federal Identification Number (FIN):911200164
 OLD REPUBLIC TITLE, LTD
 19020 33RD AVE W STE 360
 LYNNWOOD, WA 98036-0000

Transferor:

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

Submission Type:	Original document
Account Number (Optional):	00520019000000033449
Date of Closing:	04-25-2022
Gross Proceeds:	\$524,500.00
Buyer's Part of the Real Estate Tax:	\$713.00
Transfer Indicator:	Property or Services Not Received
Address or legal description:	5817 65TH AVENUE NE MARYSVILLE WA 98270
Foreign Indicator:	Transferor in US

Form 1098 Mortgage Interest Statement

Recipient/Lender:

Recipient's Federal Identification Number (FIN):264599244
 LOANDEPOT COM LLC
 6531 IRVINE CENTER DR
 IRVINE, CA 92618-0000

Payer/Borrower:

Payer's Social Security Number: 537-88-8994
 JENNIFER L RHODES
 865 S 111TH ST
 TACOMA, WA 98444-0000

Submission Type:	Original document
Account Number (Optional):	MTG4007855218
Mortgage Interest Received from Payer(s)/Borrower(s):	\$1,020.00
Points Paid on Purchase of Principal Residence:	\$1,344.00
Refund of Overpaid Interest:	\$0.00
Mortgage Insurance Premiums:	\$0.00
Outstanding Mortgage Principle:	\$373,500.00
Mortgage Origination Date:	05-11-2022
Property Address Verification:	
Address of property securing Mortgage:	865 S 111TH ST
Other information from recipient:	TACOMA WA 98444
The number of mortgaged properties:	000000000000
Mortgage Acquisition Date:	00-00-0000

Form 1098 Mortgage Interest Statement**Recipient/Lender:**

Recipient's Federal Identification Number (FIN):382734984
 FLAGSTAR BANK, N.A.
 5151 CORPORATE DR E115-3
 TROY, MI 48098-0000

Payer/Borrower:

Payer's Social Security Number: 537-88-8994
 JENNIFER L RHODES
 865 S 111TH ST
 TACOMA, WA 98444-0000

Submission Type:	Original document
Account Number (Optional):	MTG0472473381
Mortgage Interest Received from Payer(s)/Borrower(s):	\$8,842.00
Points Paid on Purchase of Principal Residence:	\$0.00
Refund of Overpaid Interest:	\$0.00
Mortgage Insurance Premiums:	\$0.00
Outstanding Mortgage Principle:	\$373,500.00
Mortgage Origination Date:	05-12-2022
Property Address Verification:	
Address of property securing Mortgage:	865 S 111TH ST
Other information from recipient:	TACOMA WA 98444
The number of mortgaged properties:	000000000000
Mortgage Acquisition Date:	06-15-2022

Form 1098 Mortgage Interest Statement

Recipient/Lender:

Recipient's Federal Identification Number (FIN):383931971
 NEWREZ LLC DBA SHELLPOINT MORTGAGE
 SERVICING
 PO BOX 10826
 GREENVILLE, SC 29603-0826

Payer/Borrower:

Payer's Social Security Number: 537-88-8994
 RHODES JENNIFER LYNN
 7803 193RD PLACE SW
 EDMONDS, WA 98026-0000

Submission Type:	Original document
Account Number (Optional):	0675240329
Mortgage Interest Received from Payer(s)/Borrower(s):	\$4,391.00
Points Paid on Purchase of Principal Residence:	\$0.00
Refund of Overpaid Interest:	\$0.00
Mortgage Insurance Premiums:	\$1,287.00
Outstanding Mortgage Principle:	\$396,114.00
Mortgage Origination Date:	10-25-2021
Property Address Verification:	
Address of property securing Mortgage:	5817 65TH AVE NE MARYSVILLE WA 98270
Other information from recipient:	
The number of mortgaged properties:	000000000000
Mortgage Acquisition Date:	00-00-0000

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
 865 111TH STREET SOUTH
 TACOMA, WA 98444-0000

Submission Type:	Original document
Account Number (Optional):	M3301000010000245123
MSA Distribution Code:	Normal Distribution
Earnings on Distributive Excess Contributions:	\$0.00
MSA Gross Distributions:	\$551.00
FMV On Date of Death:	\$0.00
HSA Indicator:	HSA Box Checked

Archer MSA Indicator:

Archer MSA Box Not Checked

MA MSA Indicator:

Not Checked

This Product Contains Sensitive Taxpayer Data