

This Product Contains Sensitive Taxpayer Data

Wage and Income Transcript

Request Date: 02-09-2024
Response Date: 02-09-2024
Tracking Number: 105523933858

SSN Provided: 067-76-1244

Tax Period Requested: December, 2018

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):581948458 6420 ROSWELL ROAD INC 6420 ROSWELL RD ATLANTA, GA 30328-0000

Employee:

Employee's Social Security Number: 067-76-1244
VALENTINA JOHNSON
79 PLACE FONTAINE RD
LITHONIA, GA 30038-0000

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$1,815.00
Federal Income Tax Withheld:	\$35.00
Social Security Wages:	\$532.00
Social Security Tax Withheld:	\$112.00
Medicare Wages and Tips:	\$1,815.00
Medicare Tax Withheld:	\$26.00
Social Security Tips:	\$1,283.00
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
Done Print Print	\$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 SSA-1099 Benefits Statement

Payer:

Payer's Federal Identification Number (FIN):526004813 SOCIAL SECURITY ADMINISTRATION

Payee:

Payee's Identification Number: 067-76-1244
VALENTINA N JOHNSON
VALENTINA JOHNSON
79 PLACE FONTAINE
LITHONIA, GA 30038-0000

Submission Type:	Original document
Account Number (Optional):	N/A
Pensions and Annuities (Total Benefits Paid):	\$8,976.00
Tax Withheld:	0.00
Repayments:	0.00
Workman's Compensation Offset:	0.00
TY 2017 Payments:	0.00
TY 2016 Payments:	0.00
TY 2015 Payments:	0.00
TY 2014 Payments:	0.00
Trust Fund Indicator:	Disability
SSA/RRB Payments:	Either RRB or SSA payments

Form 1099-INT

Payer

Payer's Federal Identification Number (FIN):580146810

ATLANTA POSTAL CREDIT UNION 3900 CROWN ROAD ATLANTA, GA 30380-0000

Recipient:

Recipient's Identification Number: 067-76-1244

JOHNSON VALENTINA N E 79 PLACE FONTAINE

LITHONIA, GA 30038-0000

FATCA Filing Requirement:

Submission Type:	Original document
Account Number (Optional):	0000157001067761244
Interest:	\$82.00
Tax Withheld:	\$0.00
Savings Bonds:	\$0.00
Investment Expense:	\$0.00
Interest Forfeiture:	\$0.00
Foreign Tax Paid:	\$0.00
Tax-Exempt Interest:	\$0.00
Specified Private Activity Bond Interest:	\$0.00
Market Discount:	\$0.00
Bond Premium:	\$0.00
Bond Premium on Tax Exempt Bond:	\$0.00
Bond Premium on Treasury Obligations:	\$0.00
Second Notice Indicator:	No Second Notice
Foreign Country or US Possession:	
CUSIP Number:	

This Product Contains Sensitive Taxpayer Data

Box not checked no Filing Requirement