



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, 2019

## 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):	\$9,228.00
Tax Withheld:	0.00
Repayments:	0.00
Workman's Compensation Offset:	0.00
TY 2018 Payments:	0.00
TY 2017 Payments:	0.00
TY 2016 Payments:	0.00
TY 2015 Payments:	0.00
Trust Fund Indicator:	Disability
SSA/RRB Payments:	Either RRB or SSA payments

## Form 1099-INT

**Payer:**  
  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

Submission Type:	Original document
Account Number (Optional):	0000157001067761244
Interest:	\$29.00
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:	
FATCA Filing Requirement:	Box not checked no Filing Requirement

**Form 1099-MISC****Payer:**

Payer's Federal Identification Number (FIN):980000680  
FORESTERS  
789 DON MILLS ROAD  
TORONTO ON M3C1T9 CA

**Recipient:**

Recipient's Identification Number: 067-76-1244  
JOHNSON VALENTINA  
79 PLACE FONTAINE  
LITHONIA, GA 30038-1215

Submission Type:	Original document
Account Number (Optional):	720577
Tax Withheld:	\$0.00
Non-Employee Compensation:	\$1,197.00
Medical Payments:	\$0.00
Fishing Income:	\$0.00
Rents:	\$0.00

Royalties:	\$0.00
Other Income:	\$0.00
Substitute Payments for Dividends:	\$0.00
Excess Golden Parachute:	\$0.00
Crop Insurance:	\$0.00
Attorney Fees:	\$0.00
Foreign Tax Paid:	\$0.00
Section 409A Deferrals:	\$0.00
Section 409A Income:	\$0.00
Direct Sales Indicator:	Not Direct Sales
FATCA Filing Requirement:	Box not checked no Filing Requirement
Second Notice Indicator:	No Second Notice

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