

This Product Contains Sensitive Taxpayer Data

Wage and Income Transcript

Request Date: 02-14-2024
Response Date: 02-14-2024
Tracking Number: 105547258360

SSN Provided: 249-82-6362

Tax Period Requested: December, 2020

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):680128848 FAIRFIELD SUISUN UNIFIED SCHOOL DIS 2490 HILBORN ROAD FAIRFIELD, CA 94534-4534

Employee:

Employee's Social Security Number: 249-82-6362
LEANN J LYTLE
1625 WOODCREEK DR # 58
FAIRFIELD, CA 94534-0000

| Submission Type: | Original document |
|--|-------------------|
| Wages, Tips and Other Compensation: | \$49,618.00 |
| Federal Income Tax Withheld: | \$4,273.00 |
| Social Security Wages: | \$53,476.00 |
| Social Security Tax Withheld: | \$3,315.00 |
| Medicare Wages and Tips: | \$53,476.00 |
| Medicare Tax Withheld: | \$775.00 |
| Social Security Tips: | \$0.00 |
| Allocated Tips: | \$0.00 |
| Dependent Care Benefits: | \$0.00 |
| Deferred Compensation: | \$100.00 |
| 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: | \$10,492.00 |
| 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 1099-B Proceeds From Broker and Barter Exchange Transactions

Payer:

Payer's Federal Identification Number (FIN):132967453 APEX CLEARING ONE DALLAS CENTER DALLAS, TX 75201-0000

Recipient:

Recipient's Identification Number: 249-82-6362 LEANN LYTLE 3700 LYON RD FAIRFIELD, CA 94534-7978

| Submission Type: | Original document |
|--|-------------------|
| Account Number (Optional): | 67542824 |
| Date Sold or Disposed: | 08-11-2020 |
| CUSIP Number: | 46138E354 |
| Gross Proceeds: | Net Proceeds |
| Bartering: | \$0.00 |
| Federal Income Tax Withheld: | \$0.00 |
| Proceeds: | \$34.00 |
| Aggregate Profit or (Loss): | \$0.00 |
| Realized Profit or (Loss): | \$0.00 |
| Unrealized Profit or (Loss) 12/31 Prior Year: | \$0.00 |
| Unrealized Profit or (Loss) 12/31 Current Year: | \$0.00 |
| Cost or Basis: | \$34.00 |
| Wash Sale Loss Disallowed: | \$0.00 |

Box not checked no Filing Requirement

Box not checked

Accrued Market Discount Amount:

Description:

Date Acquired:

Date Acquired:

Noncovered Security Indicator:

Applicable Check Box on Form 8949:

Loss Not Allowed Indicator:

\$0.00

0.64682 INVESCO EXCHANGE TRADED FD TR

08-07-2020

Noncovered Security Indicator:

Nothing checked

Short-term transaction for which the cost or other basis is being reported to the IRS

Form 1099-B Proceeds From Broker and Barter Exchange Transactions

Payer:

Payer's Federal Identification Number (FIN):132967453 APEX CLEARING ONE DALLAS CENTER DALLAS, TX 75201-0000

Recipient:

Recipient's Identification Number: 249-82-6362 LEANN LYTLE 3700 LYON RD

FAIRFIELD, CA 94534-7978

FATCA Filing Requirement:

Proceeds from:

| Original document |
|---------------------------------------|
| 67542828 |
| 08-11-2020 |
| 46138E354 |
| Net Proceeds |
| \$0.00 |
| \$0.00 |
| \$5.00 |
| \$0.00 |
| \$0.00 |
| \$0.00 |
| \$0.00 |
| \$5.00 |
| \$0.00 |
| \$0.00 |
| 0.09378 INVESCO EXCHANGE TRADED FD TR |
| |
| 08-08-2019 |
| Nothing checked |
| |

Loss Not Allowed Indicator:

Applicable Check Box on Form 8949:

Type of Gain or Loss Code:

Long-term

being reported to the IRS

Long term transaction for which the cost or other basis is

FATCA Filing Requirement: Proceeds from:

Box not checked no Filing Requirement

Box not checked

Form 1099-C Cancellation of Debt

Creditor:

Creditor's Federal Identification Number (FIN):134994650 JPMORGAN CHASE BANK NA P.O. BOX 15362 WILMINGTON, DE 19850-0000

Debtor:

Debtor's Identification Number: 249-82-6362 LEANN LYTLE 26711 NORTHWESTERN HWY STE 350 SOUTHFIELD, MI 48033-2156

Submission Type: Original document Account Number (Optional): 804147XXXXXXXX6490 09-30-2020 Date Canceled: Property Fair Market Value: \$0.00 Amount of Debt Discharged: \$1,232.00 Interest Forgiven Amount: \$0.00 Identifiable Event Code: By Agreement Debt Description: CREDIT CARD ACCOUNT Personal Liability Indicator: Box checked-Personally Liable

Form 1099-G

Payer:

Payer's Federal Identification Number (FIN):680204061 STATE OF CALIFORNIA FRANCHISE TAX BOARD P.O. BOX 942840 SACRAMENTO, CA 94240-0040

Recipient:

Recipient's Identification Number: 249-82-6362 LYTLE LEANN J 1625 WOODCREEK DR FAIRFIELD, CA 94534-3374

| Submission Type: | Original document |
|----------------------------|-------------------|
| Account Number (Optional): | 249826362A |
| RTAA Payments: | \$0.00 |
| Tax Withheld: | \$0.00 |
| Taxable Grants: | \$0.00 |
| Unemployment Compensation: | \$0.00 |
| Agricultural Subsidies: | \$0.00 |

Prior Year Refund:

Market gain on Commodity Credit Corporation loans \$0.00 repaid:

Year of Refund:

2019

Not Refund, Credit, or Offset for Trade or

Second TIN Notice:

Form 1099-INT

Payer:

Payer's Federal Identification Number (FIN):550755205 MVB BANK CREDIT KARMA 301 VIRGINIA AVENUE FAIRMONT, WV 26554-0000

Recipient:

Recipient's Identification Number: 249-82-6362 LEANN JANE LYTLE 3700 LYON RD - 23 FAIRFIELD, CA 94534-0000

| Submission Type: | Original document |
|---|----------------------|
| Account Number (Optional): | CUSTID:CID92-5096815 |
| Interest: | \$0.00 |
| 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

FATCA Filing Requirement:

Box not checked no Filing Requirement