

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, 2022

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:	\$52,750.00
Federal Income Tax Withheld:	\$4,803.00
Social Security Wages:	\$59,111.00
Social Security Tax Withheld:	\$3,664.00
Medicare Wages and Tips:	\$59,111.00
Medicare Tax Withheld:	\$857.00
Social Security Tips:	\$0.00
Allocated Tips:	\$0.00
Dependent Care Benefits:	\$0.00
Deferred Compensation:	\$2,400.00
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

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Code "S" Employer's Contribution to S	imple Account:	\$0.00	
Code "T" Expenses Incurred for Qualif	ied Adoptions:	\$0.00	
Code "V" Income from exercise of non-	statutory stock options:	\$0.00	
Code "AA" Designated Roth Contributio	ns under a Section 401(k) Plan:	\$0.00	
Code "BB" Designated Roth Contributio	ns under a Section 403(b) Plan:	\$0.00	
Code "DD" Cost of Employer-Sponsored	Health Coverage:	\$11,609.00	
<pre>Code "EE" Designated ROTH Contributio Plan:</pre>	ns Under a Governmental Section 457(b)	\$0.00	
<pre>Code "FF" Permitted benefits under a reimbursement arrangement:</pre>	qualified small employer health	\$0.00	
Code "GG" Income from Qualified Equit	y Grants Under Section 83(i):	\$0.00	
Code "HH" Aggregate Deferrals Under Section 83(i) Elections as of the Close of \$0.00 the Calendar Year:			
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-C Cancellation of Debt

Creditor:

Creditor's Federal Identification Number (FIN):262161414 GALAXY INTERNATIONAL PURCHASING, LLC 4730 SOUTH FORT APACHE ROAD LAS VEGAS, NV 89147-7947

Debtor:

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

Submission Type: Original document 147216275 Account Number (Optional): Date Canceled: 11-18-2022 Property Fair Market Value: \$0.00 \$5,957.00 Amount of Debt Discharged: Interest Forgiven Amount: \$0.00 Identifiable Event Code: Insignificant Debt Description: ORIGINAL CREDITOR WEBBANK CANCELED PRIN 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

Second TIN Notice:

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:	\$69.00
Market gain on Commodity Credit Corporation loans repaid:	\$0.00
Year of Refund:	2021
1099G Offset:	Not Refund, Credit, or Offset for Trade or Business

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