



This Product Contains Sensitive Taxpayer Data

Wage and Income Transcript

Request Date: 02-15-2024
Response Date: 02-15-2024
Tracking Number: 105553879604

SSN Provided: 219-04-7845
Tax Period Requested: December, 2017

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN): 470934443
TAN BELLA INC
PO BOX 369
MILL VALLEY, CA 94942-0000

Employee:

Employee's Social Security Number: 219-04-7845
CHRISTOPHER WEBB
965 BAKER STREET
SAN FRANCISCO, CA 94115-0000

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$6,769.00
Federal Income Tax Withheld:	\$173.00
Social Security Wages:	\$6,769.00
Social Security Tax Withheld:	\$419.00
Medicare Wages and Tips:	\$6,769.00
Medicare Tax Withheld:	\$98.00
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:	\$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 "AA" Employer's Contribution to MSA:	\$0.00

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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
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 5498 SA

Trustee:

Trustee's Federal Identification Number (FIN):060273620
HSA BANK
605 N 8TH STREET SUITE 320
SHEBOYGAN, WI 53081-0000

Participant:

Participant's Identification Number: 219-04-7845
CHRISTOPHER WEBB
2250 W OHIO ST
CHICAGO, IL 60612-0000

Submission Type:	Original document
Account Number (Optional):	21221904784500
MSA Contributions:	\$0.00
Current Contributions:	\$38.00
Future Contributions:	\$0.00
Rollover MSA Contributions:	\$0.00
MSA Fair Market Value:	\$3,762.00
HSA Indicator:	HSA Box Checked
Archer MSA Indicator:	Archer MSA Box Not Checked
MA MSA Indicator:	Not Checked

Form 1098-T

Payer:

Payer's Federal Identification Number (FIN):931137247
SAN FRANCISCO STATE UNIVERSITY
1600 HOLLOWAY AVE
SAN FRANCISCO, CA 94132-0000

Recipient:

Recipient's Identification Number: 219-04-7845
 WEBB CHRISTOPHER S
 1345 MCALLISTER ST
 SAN FRANCISCO, CA 94115-0000

Submission Type:	Original document
Account Number (Optional):	918069612
Qualified Tuition and Related Expense:	\$0.00
Scholarships or Grants:	\$0.00
Half Time Student Indicator:	Less Than Half Time Student
Graduate Student Indicator:	Not a Graduate Student
Academic Period Code:	Academic Period Box Not Checked
Method of Reporting Indicator:	No Change in Reporting Method from the Previous Year
TIN Checkbox:	box marked
Amounts Billed for Qualified Tuition & Related Expenses:	\$0.00
Adjustments Made for Prior Year:	\$0.00
Adjustments to Scholarships or Grants for a Prior Year:	\$0.00
Reimbursements/Refunds from an Insurance Contract:	\$0.00

Form 1099-G**Payer:**

Payer's Federal Identification Number (FIN):942650401
 EMPLOYMENT DEVELOPMENT DEPARTMENT
 800 CAPITOL MALL
 SACRAMENTO, CA 95814-4807

Recipient:

Recipient's Identification Number: 219-04-7845
 WEBB CHRISTOPHER S
 965 BAKER ST
 SAN FRANCISCO, CA 94115-3810

Submission Type:	Original document
Account Number (Optional):	
RTAA Payments:	\$0.00
Tax Withheld:	\$0.00
Taxable Grants:	\$0.00
Unemployment Compensation:	\$11,700.00
Agricultural Subsidies:	\$0.00
Prior Year Refund:	\$0.00
Market gain on Commodity Credit Corporation loans repaid:	\$0.00
Year of Refund:	Not Set
1099G Offset:	Not Refund, Credit, or Offset for Trade or Business

Form 1099-INT**Payer:**

Payer's Federal Identification Number (FIN): 720210640
 CAPITAL ONE N.A.
 1680 CAPITAL ONE DR
 MCLEAN, VA 22102-0000

Recipient:

Recipient's Identification Number: 219-04-7845
 CHRISTOPHER WEBB
 2250 W OHIO ST 301
 CHICAGO, IL 60612-0000

Submission Type:	Original document
Account Number (Optional):	185-36033184532
Interest:	\$42.00
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-R Distributions from Pensions, Annuities, Retire or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**Payer:**

Payer's Federal Identification Number (FIN): 232186884
 VANGUARD FIDUCIARY TRUST COMPANY
 PO BOX 1101
 VALLEY FORGE, PA 19482-1101

Recipient:

Recipient's Identification Number: 219-04-7845
 CHRISTOPHER SUTTON WEBB
 2250 W OHIO ST APT 301
 CHICAGO, IL 60612-1529

Submission Type:	Original document
Account Number (Optional):	09395820170000488739
Distribution Code Value:	Early Distribution, no known exception (in most cases, under age 59 1/2)
Distribution Code:	1
Distribution Code Value:	Not significant
Distribution Code:	Blank
Tax Amount Undetermined Code:	Not checked
Total Distribution Code:	Total Distribution
First Year Roth Contribution:	0000
SEP Indicator:	IRA/SEP/SIMP box not checked
FATCA Indicator:	not FATCA
Tax Withheld:	\$4,654.00
Total Employee Contributions:	\$0.00
Unrealized Appreciation:	\$0.00
Other Income:	\$0.00
Gross Distribution:	\$23,273.00
Taxable Amount:	\$23,273.00
Eligible Capital Gains:	\$0.00
Amount to IRR:	\$0.00

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