



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, 2018

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:	\$5,607.00
Federal Income Tax Withheld:	\$3.00
Social Security Wages:	\$5,607.00
Social Security Tax Withheld:	\$347.00
Medicare Wages and Tips:	\$5,607.00
Medicare Tax Withheld:	\$81.00
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

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 1099-INT

Payer:

Payer's Federal Identification Number (FIN):940475440
 BANK OF THE WEST
 P O BOX 2830
 OMAHA, NE 68103-0000

Recipient:

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

Submission Type:	Original document
Account Number (Optional):	IM0000051397602
Interest:	\$150.00
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

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