



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, 2020

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:	\$0.00
Future Contributions:	\$0.00
Rollover MSA Contributions:	\$0.00
MSA Fair Market Value:	\$3,573.00
HSA Indicator:	HSA Box Checked
Archer MSA Indicator:	Archer MSA Box Not Checked
MA MSA Indicator:	Not Checked

Form 1099-G

Payer:

Payer's Federal Identification Number (FIN):942650401

ELOPMENT DEPARTMENT

800 CAPITOL MALL
SACRAMENTO, CA 95814-4807

Recipient:

Recipient's Identification Number: 219-04-7845
WEBB CHRISTOPHER S
1600 15TH ST APT 622
SAN FRANCISCO, CA 94103-5324

Submission Type:	Original document
Account Number (Optional):	
RTAA Payments:	\$0.00
Tax Withheld:	\$34.00
Taxable Grants:	\$0.00
Unemployment Compensation:	\$334.00
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
Second TIN Notice:	

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