

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning \_\_\_\_\_, 2023, ending \_\_\_\_\_, 20 \_\_\_\_\_ See separate instructions.

Your first name and middle initial: SEIT HA  
 Last name: YAP  
 Your social security number: 087-76-3580

If joint return, spouse's first name and middle initial: \_\_\_\_\_  
 Last name: \_\_\_\_\_  
 Spouse's social security number: \_\_\_\_\_

Home address (number and street). If you have a P.O. box, see instructions.  
 10355 ROSEMOUNT DR Apt. no. \_\_\_\_\_  
 City, town, or post office. If you have a foreign address, also complete spaces below.  
 RENO State: NV ZIP code: 89521-  
 Foreign country name: \_\_\_\_\_ Foreign province/state/county: \_\_\_\_\_ Foreign postal code: \_\_\_\_\_  
**Presidential Election Campaign**  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
 You  Spouse

**Filing Status**  
 Single  Head of household (HOH)  
 Married filing jointly (even if only one had income)  
 Married filing separately (MFS)  Qualifying surviving spouse (QSS)  
 Check only one box.  
 If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: \_\_\_\_\_

**Digital Assets**  
 At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)  Yes  No

**Standard Deduction**  
 Someone can claim:  You as a dependent  Your spouse as a dependent  
 Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness**  
 You:  Were born before January 2, 1959  Are blind Spouse:  Was born before January 2, 1959  Is blind

**Dependents** (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

If more than four dependents, see instructions and check here

**Income**

1a	Total amount from Form(s) W-2, box 1 (see instructions)	63,514
b	Household employee wages not reported on Form(s) W-2	
c	Tip income not reported on line 1a (see instructions)	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	
e	Taxable dependent care benefits from Form 2441, line 26	
f	Employer-provided adoption benefits from Form 8839, line 29	
g	Wages from Form 8919, line 6	
h	Other earned income (see instructions)	
i	Nontaxable combat pay election (see instructions)	1i
z	Add lines 1a through 1h	63,514

2a	Tax-exempt interest	2a		b	Taxable interest	2b	
3a	Qualified dividends	3a		b	Ordinary dividends	3b	
4a	IRA distributions	4a		b	Taxable amount	4b	
5a	Pensions and annuities	5a		b	Taxable amount	5b	
6a	Social security benefits	6a		b	Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions)		<input type="checkbox"/>				
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here		<input type="checkbox"/>	7			
8	Additional income from Schedule 1, line 10			8		89,885	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>			9		153,399	
10	Adjustments to income from Schedule 1, line 26			10			
11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>			11		153,399	
12	<b>Standard deduction or itemized deductions</b> (from Schedule A)			12		92,720	
13	Qualified business income deduction from Form 8995 or Form 8995-A			13		0	
14	Add lines 12 and 13			14		92,720	
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>			15		60,679	

<b>Tax and Credits</b>	16	Tax (see instructions). Check if any from Form(s):	1 <input type="checkbox"/> 8814	2 <input type="checkbox"/> 4972	3 <input type="checkbox"/>	16	8,656
	17	Amount from Schedule 2, line 3.				17	2,282
	18	Add lines 16 and 17.				18	10,938
	19	Child tax credit or credit for other dependents from Schedule 8812.				19	
	20	Amount from Schedule 3, line 8.				20	
	21	Add lines 19 and 20.				21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-				22	10,938
	23	Other taxes, including self-employment tax, from Schedule 2, line 21.				23	
24	Add lines 22 and 23. This is your <b>total tax</b> .				24	10,938	

<b>Payments</b>	25	Federal income tax withheld from:					25d	6,995
	a	Form(s) W-2.	25a				6,995	
	b	Form(s) 1099.	25b					
	c	Other forms (see instructions).	25c					
	d	Add lines 25a through 25c.				25d	6,995	
	26	2023 estimated tax payments and amount applied from 2022 return.					26	
	27	Earned income credit (EIC). <b>NO</b>	27					
	28	Additional child tax credit from Schedule 8812.	28					
	29	American opportunity credit from Form 8863, line 8.	29					
	30	Reserved for future use.	30					
	31	Amount from Schedule 3, line 15.	31					
32	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> .				32			
33	Add lines 25d, 26, and 32. These are your <b>total payments</b> .				33	6,995		

<b>Refund</b>	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> .	34	
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
	b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d	Account number		
36	Amount of line 34 you want <b>applied to your 2024 estimated tax</b> .	36		

<b>Amount You Owe</b>	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions.	37	4,088
	38	Estimated tax penalty (see instructions).	38	145

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS?  
See instructions.  **Yes. Complete below.**  **No**

Designee's name **ANDY WANG** Phone no. **702-332-7788** Personal identification number (PIN) **07788**

**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature *[Signature]* Date **4.9.24** Your occupation **MESSAGE THERAPIST**

Spouse's signature, if a joint return, both must sign. Date Spouse's occupation

Phone no. **702-501-8848** Email address

**Paid Preparer Use Only**

Preparer's name **ANDY WANG** Preparer's signature **ANDY WANG** Date **04/10/2024** PTIN **P01070499** Check if:  Self-employed

Firm's name **BEST IDEAS** Phone no. **702-332-7788**

Firm's address **2972 S RAINBOW BLVD STE A LAS VEGAS NV 89146** Firm's EIN **88-0277845**

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury  
Internal Revenue Service

2023

Form 1040-V Payment Voucher

- Use this voucher when making a payment with Form 1040
- Do not staple this voucher or your payment to Form 1040
- Make your check or money order payable to the "United States Treasury"
- Write your Social Security Number (SSN) on your check or money order

Amount you are paying  
by check or money order ►

Dollars  
1,050

1045

SEIT HA YAP  
10355 ROSEMOUNT DR  
RENO NV 89521-

Internal Revenue Service  
PO Box 802501  
Cincinnati OH 45280-2501

087763580 JR YAP 30 0 202312 610



**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

SEIT HA YAP

Your social security number

087-76-3580

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions): _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income:		
<b>a</b>	Net operating loss . . . . .	<b>8a</b>	( )
<b>b</b>	Gambling . . . . .	<b>8b</b>	89,885
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b>	( )
<b>e</b>	Income from Form 8853 . . . . .	<b>8e</b>	
<b>f</b>	Income from Form 8889 . . . . .	<b>8f</b>	
<b>g</b>	Alaska Permanent Fund dividends . . . . .	<b>8g</b>	
<b>h</b>	Jury duty pay . . . . .	<b>8h</b>	
<b>i</b>	Prizes and awards . . . . .	<b>8i</b>	
<b>j</b>	Activity not engaged in for profit income . . . . .	<b>8j</b>	
<b>k</b>	Stock options . . . . .	<b>8k</b>	
<b>l</b>	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . .	<b>8l</b>	
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>	
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>	
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>	
<b>p</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8p</b>	
<b>q</b>	Taxable distributions from an ABLE account (see instructions) . . . . .	<b>8q</b>	
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>	
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b>	( )
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>	
<b>u</b>	Wages earned while incarcerated . . . . .	<b>8u</b>	
<b>z</b>	Other income. List type and amount: _____	<b>8z</b>	
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .	<b>9</b>	89,885
<b>10</b>	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>10</b>	89,885

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2023

**SCHEDULE 2  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

SEIT HA YAP

Your social security number

087-76-3580

**Part I Tax**

1	Alternative minimum tax. Attach Form 6251 . . . . .	1	
2	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	2	2,282
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . . . .	3	2,282

**Part II Other Taxes**

4	Self-employment tax. Attach Schedule SE . . . . .	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137 . . . . .	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919 . . . . .	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6 . . . . .	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here . . . . . <input type="checkbox"/>	8	
9	Household employment taxes. Attach Schedule H . . . . .	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . .	10	
11	Additional Medicare Tax. Attach Form 8959 . . . . .	11	
12	Net investment income tax. Attach Form 8960 . . . . .	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 . . . . .	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares . . . . .	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 . . . . .	15	
16	Recapture of low-income housing credit. Attach Form 8611 . . . . .	16	

(continued on page 2)

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 2 (Form 1040) 2023

BCA



**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

Attach to Form 1040 or 1040-SR.

**2023**

Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on Form 1040 or 1040-SR

Your social security number

SEIT HA YAP

087-76-3580

**Medical and Dental Expenses**

**Caution:** Do not include expenses reimbursed or paid by others.

<b>1</b>	Medical and dental expenses (see instructions)	<b>1</b>	
<b>2</b>	Enter amount from Form 1040 or 1040-SR, line 11	<b>2</b>	153,399
<b>3</b>	Multiply line 2 by 7.5% (0.075)	<b>3</b>	11,505
<b>4</b>	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	<b>4</b>	

**Taxes You Paid**

<b>5</b>	State and local taxes.		
<b>a</b>	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input checked="" type="checkbox"/>	<b>5a</b>	1,785
<b>b</b>	State and local real estate taxes (see instructions)	<b>5b</b>	
<b>c</b>	State and local personal property taxes	<b>5c</b>	
<b>d</b>	Add lines 5a through 5c	<b>5d</b>	1,785
<b>e</b>	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	<b>5e</b>	1,785
<b>6</b>	Other taxes. List type and amount: DMV	<b>6</b>	350
<b>7</b>	Add lines 5e and 6	<b>7</b>	2,135

**Interest You Paid**

**Caution:** Your mortgage interest deduction may be limited. See instructions.

<b>8</b>	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>		
<b>a</b>	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	<b>8a</b>	
<b>b</b>	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address		
	Name		
	Address		
	TIN	<b>8b</b>	
<b>c</b>	Points not reported to you on Form 1098. See instructions for special rules	<b>8c</b>	
<b>d</b>	Reserved for future use	<b>8d</b>	
<b>e</b>	Add lines 8a through 8c	<b>8e</b>	
<b>9</b>	Investment interest. Attach Form 4952 if required. See instructions	<b>9</b>	
<b>10</b>	Add lines 8e and 9	<b>10</b>	

**Gifts to Charity**

**Caution:** If you made a gift and got a benefit for it, see instructions.

<b>11</b>	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	<b>11</b>	250
<b>12</b>	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500	<b>12</b>	450
<b>13</b>	Carryover from prior year	<b>13</b>	
<b>14</b>	Add lines 11 through 13	<b>14</b>	700

**Casualty and Theft Losses**

<b>15</b>	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions	<b>15</b>	
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**Other Itemized Deductions**

<b>16</b>	Other—from list in instructions. List type and amount: GAMBLING LOSSES		89,885
<b>16</b>		<b>16</b>	89,885

**Total Itemized Deductions**

<b>17</b>	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12	<b>17</b>	92,720
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<b>18</b>	If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>		
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W-2 DETAIL REPORT - 2023

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
GOLDEN ROAD MOTOR INN	88-0117859	X	63514	6995	3938	921					
			63514	6995	3938	921					

## W-2G DETAIL REPORT - 2023

Payer	EIN	TP SP	Federal Withheld	Gross Winnings	State Withheld	Losses
GOLDEN ROAD MOTOR IN	88-0117859	X		89885		89885
				-----		-----
				89885		89885



# Premium Tax Credit (PTC)

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to [www.irs.gov/Form8962](http://www.irs.gov/Form8962) for instructions and the latest information.

Name shown on your return

SEIT HA YAP

Your social security number

087-76-3580

A. You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box

## Part I Annual and Monthly Contribution Amount

1	Tax family size. Enter your tax family size. See instructions . . . . .	1	1
2a	Modified AGI. Enter your modified AGI. See instructions . . . . .	2a	153,399
b	Enter the total of your dependents' modified AGI. See instructions . . . . .	2b	
3	Household income. Add the amounts on lines 2a and 2b. See instructions . . . . .	3	153,399
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC	4	13,590
5	Household income as a percentage of federal poverty line (see instructions) . . . . .	5	401 %
6	Reserved for future use . . . . .		
7	Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions . . . . .	7	0.0850
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	13,039
b	Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b	1,087

## Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

- 9 Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.  
 Yes. Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage.  No. Continue to line 10.
- 10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23.  
 Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.  No. Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals	2,543	2,282	13,039			2,282
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12 January						
13 February						
14 March						
15 April						
16 May						
17 June						
18 July						
19 August						
20 September						
21 October						
22 November						
23 December						

24	Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here . . . . .	24	
25	Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here . . . . .	25	2,282
26	Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27 . . . . .	26	

## Part III Repayment of Excess Advance Payment of the Premium Tax Credit

27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here . . . . .	27	2,282
28	Repayment limitation (see instructions) . . . . .	28	
29	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 2 . . . . .	29	2,282

For Paperwork Reduction Act Notice, see your tax return instructions.

PRINTED 04/10/2024

SEIT HA | YAP
10355 ROSEMOUNT DR
RENO NV 89521-

Taxpayer Spouse
SSN 087-76-3580
Birth 05/09/1962
Death
Day Phone 702-501-8848
Evening
Cell or Fax
PIN

Email
Taxpayer Occupation MASSAGE THERAPIST Spouse Occupation
Filing Status SINGLE

Blank lines for additional information.

Preparer ID: 1188 Preparation Fee: Date: 04/10/2024
Preparer: ANDY WANG Time in return 23 min.

Recap of 2023 Income Tax Return

Table with 2 columns: Description and Amount. Rows include Earned Income (63,514), Federal AGI (153,399), Taxable Income (60,679), EIC, Federal Tax (10,938), Withholding (6,995), Refund/(Due) (-4,088), Tax Bracket (22.0 %).

Table with 2 columns: Description and Amount. Rows include State Tax, Withholding, Refund/Due for both Taxpayer and Spouse.

Table with 6 columns: Bank Product Information, Advance Only, Check, Direct Deposit, Debit Card, Walmart Direct2Cash. Rows include Qualifying refund, Fees, Net refund, Advance, Federal disbursement, State disbursement, Check one.



Form **W-2 Wage and Tax Statement 2023**

**c** Employer's name, address, and ZIP code  
 GOLDEN ROAD MOTOR INN, INC. DBA  
 3800 S VIRGINIA ST  
 RENO NV  
 89502

<b>7</b> Social security tips 16788.62	<b>1</b> Wages, tips, other comp. 63514.63	<b>2</b> Federal income tax withheld 6995.74
<b>8</b> Allocated tips	<b>3</b> Social security wages 46726.01	<b>4</b> Social security tax withheld 3937.91
<b>9</b>	<b>5</b> Medicare wages and tips 63514.63	<b>6</b> Medicare tax withheld 920.96
<b>10</b> Dependent care benefits	<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12 DD 3686.00
<b>13</b> Statutory employee Retirement plan Third-party sick pay	<b>14</b> Other SC125 3329.90	<b>12b</b>
<b>b</b> Employer identification number (EIN) 88-0117859		<b>12c</b>
<b>a</b> Employee's social security no. 087-76-3580		<b>12d</b>
<b>15</b> State	Employer's state ID no.	<b>16</b> State wages, tips, etc.
		<b>17</b> State income tax
		<b>18</b> Local wages, tips, etc.
		<b>19</b> Local income tax
		<b>20</b> Locality name

Form **W-2 Wage and Tax Statement 2023**

**c** Employer's name, address, and ZIP code  
 GOLDEN ROAD MOTOR INN, INC. DBA  
 3800 S VIRGINIA ST  
 RENO NV  
 89502

<b>7</b> Social security tips 16788.62	<b>1</b> Wages, tips, other comp. 63514.63	<b>2</b> Federal income tax withheld 6995.74
<b>8</b> Allocated tips	<b>3</b> Social security wages 46726.01	<b>4</b> Social security tax withheld 3937.91
<b>9</b>	<b>5</b> Medicare wages and tips 63514.63	<b>6</b> Medicare tax withheld 920.96
<b>10</b> Dependent care benefits	<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12 DD 3686.00
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		<b>20</b> Locality name



**Part I Recipient Information**

1 Marketplace identifier <b>Nevada</b>	2 Marketplace-assigned policy number <b>428028</b>	3 Policy issuer's name <b>Health Plan of Nevada, Inc.</b>		
4 Recipient's name <b>Seit Ha Yap</b>		5 Recipient's SSN <b>***-**-3580</b>	6 Recipient's date of birth	
7 Recipient's spouse's name		8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth	
10 Policy start date <b>01/01/2023</b>	11 Policy termination date <b>03/31/2023</b>	12 Street address (including apartment no.) <b>4719 Knollwood Dr</b>		
13 City or town <b>Las Vegas</b>	14 State or province <b>NV</b>	15 Country and ZIP or foreign postal code <b>89147</b>		

**Part II Covered Individuals**

	A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16	Seit Ha Yap	***-**-3580		01/01/2023	03/31/2023
17					
18					
19					
20					

**Part III Coverage Information**

Month	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit
21 January	847.88	760.83	760.83
22 February	847.88	760.83	760.83
23 March	847.88	760.83	760.83
24 April			
25 May			
26 June			
27 July			
28 August			
29 September			
30 October			
31 November			
32 December			
33 Annual Totals	2543.64	2282.49	2282.49