



Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 11-06-2024
Response Date: 11-06-2024
Tracking Number: 106882973111

Wage and Income Transcript

SSN Provided: 111-62-1363
Tax Period Requested: December, 2021

Form W-2 Wage and Tax Statement

Employer:
Employer Identification Number (EIN): 592319823
BREVARD NEPHROLOGY GROUP PA
245 S COURTNEY PKWY #7
MERRITT-ISLAND, FL 32952-0000

Employee:
Employee's Social Security Number: 111-62-1363
NELMARIE GONZALEZ
2438 CASONA LANE
MELBOURNE, FL 32940-0000

Submission Type:.....	Original document
Wages, Tips and Other Compensation:.....	\$27,795.00
Federal Income Tax Withheld:.....	\$1,559.00
Social Security Wages:.....	\$29,258.00
Social Security Tax Withheld:.....	\$1,814.00
Medicare Wages and Tips:.....	\$29,258.00
Medicare Tax Withheld:.....	\$424.00
Social Security Tips:.....	\$0.00
Allocated Tips:.....	\$0.00
Dependent Care Benefits:.....	\$0.00
Deferred Compensation:.....	\$1,462.00
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
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:.....	Yes - retirement plan
Statutory Employee:.....	Not Statutory Employee
W2 Submission Type:.....	Original
W2 WHC SSN Validation Code:.....	Correct SSN

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Tracking Number: 106882973111

Form 1099-B Proceeds From Broker and Barter Exchange Transactions

Payer:

Payer's Federal Identification Number (FIN):384019216
ROBINHOOD SECURITIES LLC
500 COLONIAL CENTER PARKWAY SUITE 100
LAKE MARY, FL 32746-0000

Recipient:

Recipient's Identification Number:111-62-1363
NELMARIE GONZALEZ
2438 CASONA LN APT 5301
MELBOURNE, FL 32940-0000

Submission Type:.....Original document
Account Number (Optional):.....WSC5555764
Date Sold or Disposed:.....06-21-2021
CUSIP Number:.....00165C104
Gross Proceeds:.....Nothing checked
Bartering:.....\$0.00
Federal Income Tax Withheld:.....\$0.00
Proceeds:.....\$122.00
Aggregate Profit or (Loss):.....\$0.00
Realized Profit or (Loss):.....\$0.00
Unrealized Profit or (Loss) 12/31 Prior Year:.....\$0.00
Unrealized Profit or (Loss) 12/31 Current Year:.....\$0.00
Cost or Basis:.....\$28.00
Wash Sale Loss Disallowed:.....\$0.00
Accrued Market Discount Amount:.....\$0.00
Description:.....AMC ENTERTAINMENT HOLDINGS IN C
Second Notice Indicator:.....No Second Notice
Date Acquired:.....02-01-2021
Noncovered Security Indicator:.....Nothing checked
Type of Gain or Loss Code:.....Short-term
Applicable Check Box on Form 8949:
Short term transaction for which the cost or other basis is being reported to
the IRS
Loss Not Allowed Indicator:.....
FATCA Filing Requirement:.....Box not checked no Filing Requirement
Proceeds from:.....Box not checked

Form 1098-T

Payer:

Payer's Federal Identification Number (FIN):650216638
EVERGLADES COLLEGE INC.
DBA KEISER UNIVERSITY
FORT LAUDERDALE, FL 33309-0000

Recipient:

Recipient's Identification Number:111-62-1363
NELMARIE GONZALEZ
2438 CASONA LN APT 5301
MELBOURNE, FL 32940-0000

Submission Type:.....Original document
Account Number (Optional):.....6454619
Qualified Tuition and Related Expense:.....\$14,182.00
Scholarships or Grants:.....\$4,846.00
Half Time Student Indicator:.....Grtr than or Eq to Half Time Student
Graduate Student Indicator:.....
Academic Period Code:.....N/A
TIN Checkbox:.....box marked
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

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