



**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, 2022

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: .....\$30,454.00  
Federal Income Tax Withheld: .....\$1,765.00  
Social Security Wages: .....\$32,057.00  
Social Security Tax Withheld: .....\$1,987.00  
Medicare Wages and Tips: .....\$32,057.00  
Medicare Tax Withheld: .....\$464.00  
Social Security Tips: .....\$0.00  
Allocated Tips: .....\$0.00  
Dependent Care Benefits: .....\$0.00  
Deferred Compensation: .....\$1,602.00  
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 W-2G

Payer:

Payer's Federal Identification Number (FIN):592859478  
FLORIDA DEPARTMENT OF THE LOTTERY  
250 MARRIOTT DRIVE  
TALLAHASSEE, FL 32399-4027

Winner:

Winner's Taxpayer Identification Number (TIN):111-62-1363  
NELMARIE GONZALEZ  
2438 CASONA LANE APT 5301  
MELBOURNE, FL 32940-0000

Submission Type:.....Original document  
Gross Winnings:.....\$44,751.00  
Federal Income Tax Withheld:.....\$10,740.00  
Type of Wager:.....State Lottery  
Date Won:.....01-20-2022  
Winnings from Identical Wagers:.....\$0.00

Form 1099-B Proceeds From Broker and Barter Exchange Transactions

Payer:

Payer's Federal Identification Number (FIN):464364776  
ROBINHOOD MARKETS INC. AS AGENT FOR  
ROBINHOOD SECURITIES LLC  
85 WILLOW ROAD  
MENLO PARK, CA 94025-0000

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):.....WSC151137799  
Date Sold or Disposed:.....05-24-2022  
CUSIP Number:.....98986T108  
Gross Proceeds:.....Nothing checked  
Bartering:.....\$0.00  
Federal Income Tax Withheld:.....\$0.00  
Proceeds:.....\$3.00  
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:.....\$3.00  
Wash Sale Loss Disallowed:.....\$0.00  
Accrued Market Discount Amount:.....\$0.00  
Description:.....ZYNGA INC CLASS A COMMON STOC K  
Second Notice Indicator:.....No Second Notice  
Date Acquired:.....00-00-0000  
Noncovered Security Indicator:.....Nothing checked  
Type of Gain or Loss Code:.....Long-term  
Applicable Check Box on Form 8949:  
Long 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

Tracking Number: 106882973111

Payer:

Payer's Federal Identification Number (FIN):464364776  
ROBINHOOD MARKETS INC. AS AGENT FOR  
ROBINHOOD SECURITIES LLC  
85 WILLOW ROAD  
MENLO PARK, CA 94025-0000

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):.....                         | 926833914                             |
| Tax Withheld:.....                                      | \$0.00                                |
| Capital Gains:.....                                     | \$0.00                                |
| Non-Dividend Distribution:.....                         | \$0.00                                |
| Cash Liquidation Distribution:.....                     | \$0.00                                |
| Non-Cash Liquidation Distribution:.....                 | \$0.00                                |
| Investment Expense:.....                                | \$0.00                                |
| Ordinary Dividend:.....                                 | \$4.00                                |
| Collectibles (28%) Gain:.....                           | \$0.00                                |
| Unrecaptured Section 1250 Gain:.....                    | \$0.00                                |
| Section 1202 Gain:.....                                 | \$0.00                                |
| Foreign Tax Paid:.....                                  | \$0.00                                |
| Qualified Dividends:.....                               | \$4.00                                |
| Section 199A REIT Dividends:.....                       | \$0.00                                |
| Second Notice Indicator:.....                           | No Second Notice                      |
| FATCA Filing Requirement:.....                          | Box not checked no Filing Requirement |
| Exempt Interest Dividends:.....                         | \$0.00                                |
| Specified Private Activity Bond Interest Dividend:..... | \$0.00                                |
| Section 897 Ordinary Dividends:.....                    | \$0.00                                |
| Section 897 Capital Gain:.....                          | \$0.00                                |



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