



**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, 2023



002656

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:.....	\$30,031.00
Federal Income Tax Withheld:.....	\$1,484.00
Social Security Wages:.....	\$31,612.00
Social Security Tax Withheld:.....	\$1,959.00
Medicare Wages and Tips:.....	\$31,612.00
Medicare Tax Withheld:.....	\$458.00
Social Security Tips:.....	\$0.00
Allocated Tips:.....	\$0.00
Dependent Care Benefits:.....	\$0.00
Deferred Compensation:.....	\$1,580.00
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

Tracking Number: 106882973111

Form 1099-DIV

**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:.....	\$3.00
Collectibles (28%) Gain:.....	\$0.00
Unrecaptured Section 1250 Gain:.....	\$0.00
Section 1202 Gain:.....	\$0.00
Foreign Tax Paid:.....	\$0.00
Qualified Dividends:.....	\$3.00
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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