



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: 106882973385

Wage and Income Transcript

SSN Provided: 582-75-9716
Tax Period Requested: December, 2020



002664

Form W-2 Wage and Tax Statement

Employer:
Employer Identification Number (EIN): 010627671
SPACE EXPLORATION TECHNOLOGIES CORP
1 ROCKET ROAD
HAWTHORNE, CA 90250-0000

Employee:
Employee's Social Security Number: 582-75-9716
PEDRO ANTONIO GONZALEZ
2438 CASONA LN APT 530
MELBOURNE, FL 32940-0000

Submission Type:Original document
Wages, Tips and Other Compensation:\$113,021.00
Federal Income Tax Withheld:\$11,056.00
Social Security Wages:\$113,021.00
Social Security Tax Withheld:\$7,007.00
Medicare Wages and Tips:\$113,021.00
Medicare Tax Withheld:\$1,638.00
Social Security Tips:\$0.00
Allocated Tips:\$0.00
Dependent Care Benefits:\$0.00
Deferred Compensation:\$0.00
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:\$10,540.00
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:\$19,361.00
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:Unanswered
Statutory Employee:Not Statutory Employee
W2 Submission Type:Original
W2 WHC SSN Validation Code:Correct SSN

Tracking Number: 106882973385

Form 1099-B Proceeds From Broker and Barter Exchange Transactions

Payer:

Payer's Federal Identification Number (FIN):208764829
MORGAN STANLEY DOMESTIC HOLDINGS INC
MORGAN STANLEY SMITH BARNEY, LLC
1 NEW YORK PLAZA
NEW YORK CITY, NY 10004-0000

Recipient:

Recipient's Identification Number:582-75-9716
GONZALEZ PEDRO
2438 CASONA LN APT 5301
MELBOURNE, FL 32940-0000

Submission Type:.....Original document
Account Number (Optional):.....CSA-45354
Date Sold or Disposed:.....03-20-2020
CUSIP Number:.....TBD
Gross Proceeds:.....Net Proceeds
Bartering:.....\$0.00
Federal Income Tax Withheld:.....\$0.00
Proceeds:.....\$1,540.00
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:.....\$1,428.00
Wash Sale Loss Disallowed:.....\$0.00
Accrued Market Discount Amount:.....\$0.00
Description:.....7.0 SHS SPACE EXPLORATION TECHNOLOGIES
Second Notice Indicator:.....
Date Acquired:.....05-15-2019
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 1099-B Proceeds From Broker and Barter Exchange Transactions

Payer:

Payer's Federal Identification Number (FIN):208764829
MORGAN STANLEY DOMESTIC HOLDINGS INC
MORGAN STANLEY SMITH BARNEY, LLC
1 NEW YORK PLAZA
NEW YORK CITY, NY 10004-0000

Recipient:

Recipient's Identification Number:582-75-9716
GONZALEZ PEDRO
2438 CASONA LN APT 5301
MELBOURNE, FL 32940-0000

Submission Type:.....Original document
Account Number (Optional):.....CSA-47197
Date Sold or Disposed:.....03-20-2020
CUSIP Number:.....TBD
Gross Proceeds:.....Net Proceeds
Bartering:.....\$0.00
Federal Income Tax Withheld:.....\$0.00
Proceeds:.....\$1,760.00
Aggregate Profit or (Loss):.....\$0.00
Realized Profit or (Loss):.....\$0.00
Unrealized Profit or (Loss) 12/31 Prior Year:.....\$0.00

Tracking Number: 106882973385

Unrealized Profit or (Loss) 12/31 Current Year:.....\$0.00
 Cost or Basis:.....\$1,712.00
 Wash Sale Loss Disallowed:.....\$0.00
 Accrued Market Discount Amount:.....\$0.00
 Description:.....8.0 SHS SPACE EXPLORATION TECHNOLOGIES
 Second Notice Indicator:.....
 Date Acquired:.....11-15-2019
 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 1099-B Proceeds From Broker and Barter Exchange Transactions

Payer:

Payer's Federal Identification Number (FIN):208764829
 MORGAN STANLEY DOMESTIC HOLDINGS INC
 MORGAN STANLEY SMITH BARNEY, LLC
 1 NEW YORK PLAZA
 NEW YORK CITY, NY 10004-0000

Recipient:

Recipient's Identification Number:582-75-9716
 GONZALEZ PEDRO
 2438 CASONA LN APT 5301
 MELBOURNE, FL 32940-0000

Submission Type:.....Original document
 Account Number (Optional):.....CSC-89488
 Date Sold or Disposed:.....03-20-2020
 CUSIP Number:.....NA
 Gross Proceeds:.....Net Proceeds
 Bartering:.....\$0.00
 Federal Income Tax Withheld:.....\$0.00
 Proceeds:.....\$18,700.00
 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:.....\$8,160.00
 Wash Sale Loss Disallowed:.....\$0.00
 Accrued Market Discount Amount:.....\$0.00
 Description:.....85.0 SHS SPACE EXPLORATION TECHNOLOGIES
 Second Notice Indicator:.....
 Date Acquired:.....03-16-2020
 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

This Product Contains Sensitive Taxpayer Data

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