



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, 2022



002657

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:.....	\$147,018.00
Federal Income Tax Withheld:.....	\$16,792.00
Social Security Wages:.....	\$147,000.00
Social Security Tax Withheld:.....	\$9,114.00
Medicare Wages and Tips:.....	\$147,018.00
Medicare Tax Withheld:.....	\$2,131.00
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:.....	\$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:.....	\$19,576.00
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-C Cancellation of Debt

Creditor:

Creditor's Federal Identification Number (FIN):112869526
AMERICAN EXPRESS NATIONAL BANK
C/O AMERICAN EXPRESS COMPANY INC
PO BOX 981540
EL PASO, TX 79998-1540

Debtor:

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

Submission Type:.....Original document
Account Number (Optional):.....379819569761006
Date Canceled:.....07-26-2022
Property Fair Market Value:.....\$0.00
Amount of Debt Discharged:.....\$726.00
Interest Forgiven Amount:.....\$0.00
Identifiable Event Code:.....By Agreement
Debt Description:.....USD44HI60T020
Personal Liability Indicator:.....Box checked-Personally Liable

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