



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, 2023

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:.....	\$170,336.00
Federal Income Tax Withheld:.....	\$20,728.00
Social Security Wages:.....	\$160,200.00
Social Security Tax Withheld:.....	\$9,932.00
Medicare Wages and Tips:.....	\$170,336.00
Medicare Tax Withheld:.....	\$2,469.00
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:.....	\$20,173.00
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

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Tracking Number: 106882973385

Form 3922: Transfer of Stock Acquired Through an Employee Stock Purchase Plan
Under Section 423(c)

Corporation:

Corporation's Federal Identification Number (FIN):010627671
SPACE EXPLORATION TECHNOLOGIES
1 ROCKET ROAD
HAWTHORNE, CA 90250-0000

Employee:

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

Submission Type:.....Original document
Account Number (Optional):.....105359-01
Exercise Price per Share:.....\$65.00
Fair Market Value per Share on Exercise Date:.....\$81.00
Fair Market Value per Share on Grant Date:.....\$77.00
Exercise price per share determined as if the option was exercised on the
date shown in box 1:.....\$65.00
Date Option Exercised:.....10-15-2023
Date Option Granted:.....04-16-2023
Number of Shares Transferred:.....0000000000021
Date Legal Title Transferred:.....10-15-2023

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:582-75-9716
PEDRO GONZALEZ
2438 CASONA LN
MELBOURNE, FL 32940-0000

Submission Type:.....Original document
Account Number (Optional):.....WSC90164170
Date Sold or Disposed:.....12-19-2023
CUSIP Number:.....88338N206
Gross Proceeds:.....Nothing checked
Bartering:.....\$0.00
Federal Income Tax Withheld:.....\$0.00
Proceeds:.....\$2.00
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:.....\$1.00
Wash Sale Loss Disallowed:.....\$0.00
Accrued Market Discount Amount:.....\$0.00
Description:.....THERAPEUTICSMD INC COMMON ST OCK
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

Tracking Number: 106882973385

Proceeds from:.....Box not checked

Form 1099-INT

Payer:

Payer's Federal Identification Number (FIN):591030268
LAUNCH CREDIT UNION
300 S PLUMOSA ST
MERRITT ISLAND, FL 32952-0000

Recipient:

Recipient's Identification Number:582-75-9716
PEDRO A GONZALEZ
2438 CASONA LANE
MELBOURNE, FL 32940-0000

Submission Type:.....	Original document
Account Number (Optional):.....	
Interest:.....	\$27.00
Tax Withheld:.....	\$0.00
Savings Bonds:.....	\$0.00
Investment Expense:.....	\$0.00
Interest Forfeiture:.....	\$0.00
Foreign Tax Paid:.....	\$0.00
Tax-Exempt Interest:.....	\$0.00
Specified Private Activity Bond Interest:.....	\$0.00
Market Discount:.....	\$0.00
Bond Premium:.....	\$0.00
Bond Premium on Tax Exempt Bond:.....	\$0.00
Bond Premium on Treasury Obligations:.....	\$0.00
Second Notice Indicator:.....	No Second Notice
Foreign Country or US Possession:.....	
CUSIP Number:.....	
FATCA Filing Requirement:.....	Box not checked no Filing Requirement

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