

# Wage and Income Transcript

Request Date: 08-24-2024  
Response Date: 08-24-2024  
Tracking Number: 106457733549

**SSN Provided:** 236-76-0560  
**Tax Period Requested:** December, 2023

## Form W-2 Wage and Tax Statement

**Employer:**

Employer Identification Number (EIN): 431657057  
TAX SOLUTIONS INC  
11710 ADMINISTRATION D  
SAINT LOUIS, MO 63146-0000

**Employee:**

Employee's Social Security Number: 236-76-0560  
CAROL SHARKEY  
106 CRICKETT CT  
ST PETERS, MO 63376-0000

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$20,000.00
Federal Income Tax Withheld:	\$1,820.00
Social Security Wages:	\$20,000.00
Social Security Tax Withheld:	\$1,240.00
Medicare Wages and Tips:	\$20,000.00
Medicare Tax Withheld:	\$290.00
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:	\$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:	Unanswered
Statutory Employee:	Not Statutory Employee
W2 Submission Type:	Original
W2 WHC SSN Validation Code:	Correct SSN

## Form 5498 Individual Retirement Arrangement Contribution Information

### Trustee:

Trustee/Issuer's Federal Identification Number (FIN):043523567  
 NATIONAL FINANCIAL SERVICES LLC  
 499 WASHINGTON BLVD  
 JERSEY CITY, NJ 07310-0000

### Participant:

Participant's Identification Number: 236-76-0560  
 CAROL L SHARKEY  
 106 CRICKETT CT  
 SAINT PETERS, MO 63376-5904

Submission Type:	Original document
Account Number (Optional):	L2AB731340001
IRA Contributions:	\$0.00
Rollover Contributions:	\$0.00
Roth Conversion Amount:	\$0.00
Recharacterized Contributions:	\$0.00
Fair Market Value of Account:	\$185,949.00
Life Insurance Cost Included in Box 1:	\$0.00
SEP Code:	Not Checked
IRA Code:	Checked
Simple Code:	Not Checked
Roth IRA Code:	Not Checked
RMD For Subsequent Year:	RMD box not checked
RMD Date:	00-00-0000
Year:	
Postponed Contribution Code:	
Repayments Code:	
Fair Market Value of certain specified assets:	N/A
SEP Contributions:	\$0.00
SIMPLE Contributions:	\$0.00
Roth IRA Contributions:	\$0.00
Required Minimum Distribution Amount:	\$0.00
Postponed Contributions:	\$0.00
Repayment of a qualified reservist distribution or federally designated disaster withdrawal repayment:	\$0.00
Fair Market Value of Certain Specified Assets:	\$0.00

# Form 5498 Individual Retirement Arrangement Contribution Information

**Trustee:**

Trustee/Issuer's Federal Identification Number (FIN):132741729  
PERSHING LLC  
ONE PERSHING PLAZA  
JERSEY CITY, NJ 07399-0000

**Participant:**

Participant's Identification Number: 236-76-0560  
CAROL L SHARKEY  
106 CRICKETT CT  
SAINT PETERS, MO 63376-5904

Submission Type:	Original document
Account Number (Optional):	5YV416021
IRA Contributions:	\$0.00
Rollover Contributions:	\$0.00
Roth Conversion Amount:	\$0.00
Recharacterized Contributions:	\$0.00
Fair Market Value of Account:	\$38,959.00
Life Insurance Cost Included in Box 1:	\$0.00
SEP Code:	Not Checked
IRA Code:	Not Checked
Simple Code:	Not Checked
Roth IRA Code:	Checked
RMD For Subsequent Year:	RMD box not checked
RMD Date:	00-00-0000
Year:	
Postponed Contribution Code:	
Repayments Code:	
Fair Market Value of certain specified assets:	N/A
SEP Contributions:	\$0.00
SIMPLE Contributions:	\$0.00
Roth IRA Contributions:	\$0.00
Required Minimum Distribution Amount:	\$0.00
Postponed Contributions:	\$0.00
Repayment of a qualified reservist distribution or federally designated disaster withdrawal repayment:	\$0.00
Fair Market Value of Certain Specified Assets:	\$0.00

# Form 5498 Individual Retirement Arrangement Contribution Information

**Trustee:**

Trustee/Issuer's Federal Identification Number (FIN):132741729  
PERSHING LLC  
ONE PERSHING PLAZA  
JERSEY CITY, NJ 07399-0000

**Participant:**

Participant's Identification Number: 236-76-0560  
CAROL L SHARKEY

106 CRICKETT CT  
SAINT PETERS, MO 63376-5904

Submission Type:	Original document
Account Number (Optional):	5YV910189
IRA Contributions:	\$0.00
Rollover Contributions:	\$0.00
Roth Conversion Amount:	\$0.00
Recharacterized Contributions:	\$0.00
Fair Market Value of Account:	\$58,057.00
Life Insurance Cost Included in Box 1:	\$0.00
SEP Code:	Not Checked
IRA Code:	Checked
Simple Code:	Not Checked
Roth IRA Code:	Not Checked
RMD For Subsequent Year:	RMD box not checked
RMD Date:	00-00-0000
Year:	
Postponed Contribution Code:	
Repayments Code:	
Fair Market Value of certain specified assets:	N/A
SEP Contributions:	\$0.00
SIMPLE Contributions:	\$0.00
Roth IRA Contributions:	\$0.00
Required Minimum Distribution Amount:	\$0.00
Postponed Contributions:	\$0.00
Repayment of a qualified reservist distribution or federally designated disaster withdrawal repayment:	\$0.00
Fair Market Value of Certain Specified Assets:	\$0.00

## Form 5498 Individual Retirement Arrangement Contribution Information

### Trustee:

Trustee/Issuer's Federal Identification Number (FIN):430687711  
FIRST COMMUNITY CREDIT UNION  
P O BOX 1030  
CHESTERFIELD, MO 63006-0000

### Participant:

Participant's Identification Number: 236-76-0560  
CAROL SHARKEY  
106 CRICKET COURT  
SAINT PETERS, MO 63376-0000

Submission Type:	Original document
Account Number (Optional):	01-01
IRA Contributions:	\$7,500.00
Rollover Contributions:	\$0.00
Roth Conversion Amount:	\$0.00
Recharacterized Contributions:	\$0.00
Fair Market Value of Account:	\$52,808.00
Life Insurance Cost Included in Box 1:	\$0.00
SEP Code:	Not Checked
IRA Code:	Checked

Simple Code:	Not Checked
Roth IRA Code:	Not Checked
RMD For Subsequent Year:	RMD box not checked
RMD Date:	00-00-0000
Year:	
Postponed Contribution Code:	
Repayments Code:	
Fair Market Value of certain specified assets:	N/A
SEP Contributions:	\$0.00
SIMPLE Contributions:	\$0.00
Roth IRA Contributions:	\$0.00
Required Minimum Distribution Amount:	\$0.00
Postponed Contributions:	\$0.00
Repayment of a qualified reservist distribution or federally designated disaster withdrawal repayment:	\$0.00
Fair Market Value of Certain Specified Assets:	\$0.00

## Form 1099-NEC Nonemployee Compensation

### Issuer/Provider:

Issuer's/Provider's Federal ID No.:042675571  
COMMONWEALTH EQUITY SERVICES LLC  
29 & 95 SAWYER ROAD  
WALTHAM, MA 02453-0000

### Recipient:

Recipient's ID No.: 236-76-0560  
CAROL SHARKEY  
11710 ADMIN DRIVE 12  
SAINT LOUIS, MO 63146-0000

Submission Type:	Original document
Second Notice Indicator:	No Second Notice
Federal Income Tax Withheld:	\$0.00
Non-Employee Compensation::	\$3,460.00
Direct Sales Indicator:	No direct sales

## Form 1098 Mortgage Interest Statement

### Recipient/Lender:

Recipient's Federal Identification Number (FIN):430687711  
FIRST COMMUNITY CREDIT UNION  
17151 CHESTERFIELD AIRPORT ROAD  
CHESTERFIELD, MO 63005-0000

### Payer/Borrower:

Payer's Social Security Number: 236-76-0560  
CAROL LEE SHARKEY  
106 CRICKETT COURT  
SAINT PETERS, MO 63376-0000

Submission Type:	Original document
Account Number (Optional):	00009575920347660-01
Mortgage Interest Received from Payer(s)/Borrower(s):	\$3,690.00

Points Paid on Purchase of Principal Residence:	\$0.00
Refund of Overpaid Interest:	\$0.00
Mortgage Insurance Premiums:	\$0.00
Outstanding Mortgage Principle:	\$99,714.00
Mortgage Origination Date:	12-04-2015
Property Address Verification:	the address of the property securing the mortgage is the same as the payer's/borrower's
Address of property securing Mortgage:	
Other information from recipient:	
The number of mortgaged properties:	000000000000
Mortgage Acquisition Date:	00-00-0000

## Form 1099-INT

**Payer:**

Payer's Federal Identification Number (FIN):430687711  
 FIRST COMMUNITY CREDIT UNION  
 17151 CHESTERFIELD AIRPORT ROAD  
 CHESTERFIELD, MO 63005-0000

**Recipient:**

Recipient's Identification Number: 236-76-0560  
 CAROL L SHARKEY  
 106 CRICKETT CT  
 SAINT PETERS, MO 63376-0000

Submission Type:	Original document
Account Number (Optional):	00003415920094224-00
Interest:	\$120.00
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

## Form 1099-INT

**Payer:**

Payer's Federal Identification Number (FIN):430687711  
 FIRST COMMUNITY CREDIT UNION  
 17151 CHESTERFIELD AIRPORT ROAD  
 CHESTERFIELD, MO 63005-0000

**Recipient:**

Recipient's Identification Number: 236-76-0560

CAROL LEE SHARKEY  
RYAN MICHAEL SHARKEY  
106 CRICKETT COURT  
SAINT PETERS, MO 63376-0000

Submission Type:	Original document
Account Number (Optional):	00003416920347660-00
Interest:	\$199.00
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

## Form 1099-INT

### Payer:

Payer's Federal Identification Number (FIN):430687711  
FIRST COMMUNITY CREDIT UNION  
17151 CHESTERFIELD AIRPORT ROAD  
CHESTERFIELD, MO 63005-0000

### Recipient:

Recipient's Identification Number: 236-76-0560  
CAROL L SHARKEY  
106 CRICKETT CT  
SAINT PETERS, MO 63376-5904

Submission Type:	Original document
Account Number (Optional):	00003417962229013-00
Interest:	\$251.00
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

This Product Contains Sensitive Taxpayer Data