

Research and Planning Consultants, LP

# SOURCES OF DATA ON EARNINGS AND WORK HISTORY

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#### Introduction

1. Lost earnings and lost earning capacity are often elements of economic damages in personal injury, wrongful death, and employment litigation. To calculate these damages accurately, a vocational or economic expert must develop a history of the plaintiff's employment and earnings that is as complete as possible. This paper discusses the source materials an expert should request to construct the plaintiff's earnings and employment history. This paper focuses on plaintiffs who are employed or are independent contractors. It is not intended to identify the data needed for a complete analysis of lost earnings for a corporation.

2. To conduct a loss of earning capacity analysis, the expert needs a thorough understanding of the plaintiff's pre-injury and post-injury work and earnings to make reasonable projections on future earnings with and without the injury. Several types of documents may provide this information, and more than one type is often needed.

3. For example, if an expert has access to a plaintiff's pay statements or tax returns, it is usually possible to estimate average wages. But that analysis would be incomplete, because an expert should not focus only on the plaintiff's wages. Information on employment patterns and the reasons behind periods with unusually high or low earnings is also necessary.

4. The expert should obtain information from documents and should not rely only on information from deposition testimony or interviews with the plaintiff. Unintentionally or intentionally, plaintiffs may provide inaccurate or incomplete information, even on their most recent jobs. Some plaintiffs know the amount of their take-home pay but not their gross pay. Their recollection of how many overtime hours they work in an average year is often unreliable. Plaintiffs may not know how employers calculate bonuses or commissions. They may know the categories of fringe benefits received but not the cost to the employer or the replacement value. Plaintiffs often cannot remember the dates of employment and earnings for earlier jobs. Verbal information from plaintiffs is most useful as a guide to further questions and to what documents to request and from whom.



5. To develop a complete picture of the plaintiff's employment and earnings history, the expert needs to know what jobs a plaintiff held since completing their formal education. For each job, the expert should know the employer, dates of employment, job description, pay rates, fringe benefits, promotions, and reason for separation. This information should be more detailed for jobs closer in time to the injury, with full details for jobs held in the five years before the injury.

6. The expert should request a Social Security earnings statement, and beginning with the five years before the injury, complete tax returns, W-2 records, pay statements, and employment records. We discuss below what information each type of document provides.

- 7. The documents we discuss below include:
  - Social Security Earnings Statements
  - Federal income tax returns
  - W-2 records
  - Self-employment records
  - Employment records and pay statements

### Social Security Earnings Statement

8. The Social Security Earnings Statement (SSES) is the best single document showing a plaintiff's annual earnings history. The SSES can show years for which further information is needed to explain gaps in employment or years with unusually high or low earnings. The SSES can be used to calculate future Social Security retirement benefits and any loss of those retirement benefits.

9. There are two types of SSES documents, a summary SSES and an itemized Statement of Earnings. Attachment 1 has a sample of each type. The summary SSES shows two amounts for each year the plaintiff worked, Social Security taxable earnings and Medicare taxable earnings (including self-employment earnings reported on income tax returns).<sup>1</sup> The itemized Statement of Earnings shows Social Security taxable earnings for each of the years requested by the employer.

10. The SSES does not provide the expert with all the information on a plaintiff's earnings. Amounts reported on each type of SSES may not represent gross earnings. Annual totals do not identify dates of employment or pay rates, or differentiate between base salary and other types of pay. The latest year on the SSES may not be complete. Any unreported earnings or earnings from an employer not covered by the Social Security program, such as a government entity or an employer in another country, will not appear on an SSES.

11. Plaintiffs with a Social Security number can quickly obtain their personal summary SSES by creating an account on the Social Security website.<sup>2</sup> They can obtain a summary SSES at any time and at no cost.

12. Plaintiff's counsel may assist the plaintiff in obtaining a summary SSES online or through the mail. Defense counsel may make a document production request for the plaintiff's SSES and a motion to compel production, if necessary, as obtaining a summary SSES imposes no cost or unreasonable burden.

#### Obtaining a Summary SSES Online

13. Below are the steps for plaintiffs to quickly obtain a summary SSES online at no cost. The entire procedure with screenshots is available in Attachment 1.

14. First, plaintiffs must navigate to <u>https://www.ssa.gov/myaccount/statement.</u> <u>html</u>. If they have an existing account with the Social Security Administration (SSA), they may use the "Sign In" button on that page to go to the login screen. The login screen gives three options to sign in:

<sup>&</sup>lt;sup>1</sup> Social Security earnings are subject to an annual taxable maximum. Medicare earnings are not.

<sup>&</sup>lt;sup>2</sup> "Create Your Personal My Social Security Account Today," Social Security Administration, https://www.ssa.gov/myaccount.



- For accounts created before September 18, 2021, users may sign in with a traditional username and password.
- For accounts created on or after September 18, 2021, there are two different services the federal government now uses for sign-ins to all its websites:
   Login.gov and ID.me. Users with existing accounts for either of these services may log in using the appropriate credentials.
- Plaintiffs who lack an existing account must create one with either Login.gov or ID.me. Of the two, it is easier and faster to obtain a Login.gov account. Plaintiffs must go to <a href="https://secure.login.gov/">https://secure.login.gov/</a> to begin the process. Once on that site, they should click "Create Account," and will then be asked to enter their email address. A confirmation email will be sent to the email address provided. Plaintiffs must click "Confirm Email Address," which will direct them to a screen to create a password.

15. Plaintiffs will then have to provide another form of verification (such as a phone number) to allow for multi-factor authentication. Once they have provided verification through a phone number, they will need to have this information available to verify and finish setting up the account:

- Valid email address
- Valid Social Security number
- US mailing address
- Date of birth (must be at least 18 years old)
- Phone number

16. Plaintiffs are then sent through a series of prompts to enter this information and to receive an activation code for the account. If they already have an active online account but did not know it before creating the account, the Login.gov username will simply be linked to the existing Social Security account. If plaintiffs with existing accounts try to log in with incorrect credentials, they will be directed to a screen with information on contacting SSA customer service.



17. Once all information is entered and the plaintiff logs in to the account, the Social Security statement can be accessed from the home page by clicking on "Your Social Security Statement." Full earnings records can be accessed by clicking "Review Your Full Earnings Record Now."

#### Obtaining an SSES by Mail

18. Each type of SSES may be obtained by filing a written request to the SSA. Attachment 1 includes form SSA-7004 for requesting a summary SSES and form SSA-7050-F4 for requesting an itemized Statement of Earnings. A summary SSES written request by the plaintiff will be fulfilled within four to six weeks at no cost. An itemized statement, only available through written request by a plaintiff or related party, will be fulfilled within 120 days at a cost of \$100.

#### Federal Income Tax Returns

19. An expert should request complete tax returns for at least the five years before the injury, the year of the injury, and all later years. The request should include the tax return, all supporting schedules, and W-2 records.

#### Information Available from Tax Returns

20. A plaintiff's Form 1040 Individual Income Tax Return<sup>3</sup> with all supporting schedules and W-2 records provides information on annual wages and other income. If the filing status is not Married Filing Jointly, the information in Box 1 reports annual taxable wages for the plaintiff. If the filing status is Married Filing Jointly, the information in Box 1 is for both the plaintiff and the spouse. W-2 records are necessary to determine earnings by employer and to separate household income between the plaintiff and the spouse. Any self-employment earnings reported on Form 1040 are summarized on Schedule 1, with details on Schedule C.

<sup>&</sup>lt;sup>3</sup> Or other variations, such as 1040-EZ, 1040-A, etc.

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21. A plaintiff's Form 1040 without supporting schedules and W-2 records does not provide enough information to reliably interpret the amounts on the form. For example:

- The line on the tax return for wages does not show to or by whom wages were paid. If the plaintiff filed as Married Filing Jointly, there is no way to separate earnings between the plaintiff and spouse. Tax returns do not show during what part of the year wages were earned.
- Wages on the 1040 are only the wages subject to tax. Many employees have insurance, 401(K) deductions, or other pre-tax deductions that reduce gross pay to the wage amounts on the tax return.
- If the plaintiff has non-wage income or any adjustments to income, supporting schedules are necessary to understand these amounts. The supporting schedules may reveal other work or information that should be analyzed to determine future earning capacity.
- If the plaintiff itemized deductions instead of using the standard deduction, the supporting Schedule A must be analyzed to determine whether the deductions are likely to recur in the future.
- The age of children or other dependents affects the number of exemptions and potential entitlements to child tax credits or earned income tax credits. Dependents' ages are not shown on tax returns and must be obtained from other sources.

22. The Internal Revenue Service (IRS) can provide copies of tax returns and a variety of information from tax returns if the plaintiff does not have copies. There are several ways to get tax return and W-2 information from the IRS. Attachment 2 has examples of Form 4506 Request Copy of Tax Return and Form 4506-T Request Copy of Tax Return Transcript, along with sample copies of an individual tax return, a tax return transcript, and a wage and income transcript.

### Requesting Tax Return and W-2 Information

#### Access and Download Records Through an Online Account

23. Plaintiffs can access their tax records, including a transcript, using an online account, accessible at <a href="https://www.irs.gov/payments/your-online-account">https://www.irs.gov/payments/your-online-account</a>. The online account

allows users to view, print, or download all tax return transcripts, tax account transcripts, and wage and income transcripts, and to download a verification of non-filing letter. Tax return and tax account transcripts are limited to the current and prior three tax years. Accessing these materials online is the fastest and least expensive way to retrieve transcripts. The link for accessing transcripts online is available at <u>https://www.irs.gov/individuals/get-transcript</u>.

### Order Transcripts Online

24. Plaintiffs can also order online a transcript to be mailed by accessing https://sa.www4.irs.gov/irfof-tra/login. This site requires entering some summary personal information to initiate the request. After entering in the information, plaintiffs may request a tax return transcript or a tax account transcript, with the option to choose one of several years for the transcript. The IRS states it generally takes between five and ten business days to receive the transcript.

### Order Tax Return Transcripts or Copies by Mail

25. Plaintiffs can also order tax return transcripts using Form 4506-T. Transcripts are generally available for the current year plus three prior years, and most requests are processed within ten business days. The taxpayer must sign the form. A copy of Form 4506-T is available at <a href="https://www.irs.gov/pub/irs-pdf/f4506t.pdf">https://www.irs.gov/pub/irs-pdf/f4506t.pdf</a> and is included in Attachment 2.

26. Plaintiffs can order copies of their original tax returns using Form 4506 for the most recent year and up to seven prior years. That form lets the taxpayer identify a third party (such as legal counsel) to whom the transcript can be sent. There is a \$30 fee for each return requested, and it may take up to 75 calendar days to process the request. A copy of Form 4506 is available at <a href="https://www.irs.gov/pub/irs-pdf/f4506.pdf">https://www.irs.gov/pub/irs-pdf/f4506.pdf</a>.

### Call To Request a Transcript

27. Plaintiffs can call 800-908-9946, the IRS transcript order phone line, for a series of prompts in both English and Spanish. They will be prompted to enter their Social Security



number. The number of the plaintiff's street address will also be requested. Up to ten transcripts can be requested during the call.

28. For more information on transcript types, visit <u>https://www.irs.gov/individuals/</u> <u>transcript-types-and-ways-to-order-them</u>. This site provides information and links that allow users to readily access forms and online sign-ins.

#### W-2 Records

29. Every year the IRS requires employers to give each employee a Form W-2. A W-2 shows taxable earnings and earnings subject to Medicare and Social Security payroll taxes:

- Taxable Earnings (Box 1) represent Medicare Earnings less 401(k) contributions.
- Social Security Earnings (Box 3) represent the same as Medicare Earnings (Box 5), subject to the Social Security earnings cap. For plaintiffs earning above the cap, Social Security Earnings will be less than Medicare earnings.
- Medicare Earnings (Box 5) represent Gross Earnings less pre-tax insurance payments, flexible spending account (FSA), health savings account (HSA), etc.

30. A W-2 may show 401(K) contributions in Box 12, code D. Additional amounts in Box 12 may show other pre-tax contributions, but may not be separately identified as paid by the employer.

31. A W-2 alone does not provide enough information to determine a plaintiff's earning capacity.<sup>4</sup> It does not show the plaintiff's pay rate, dates employed, hours worked, or types of pay (base pay, overtime, commissions, bonuses, etc.). An employee's gross salary amount may not appear on the W-2.

32. Attachment 3 shows two sample W-2s. The first sample W-2 is for a high-wage plaintiff with several pre-tax deductions and retirement contributions. The second sample W-2 is

<sup>&</sup>lt;sup>4</sup> This discussion is a simplified example. For a more detailed discussion, refer to the article by Jennifer L. Polhemus, "Some Perils of Relying Solely on W-2 Forms for Earnings History," The Forecast 30, no. 1 (Feb. 2016): 9–11.



a common situation showing a simple scenario in which a W-2 may not provide all the information needed for an earnings analysis.

#### **Self-Employment Records**

33. Self-employed workers will not receive Form W-2 from an employer. The expert must rely on 1099 forms and supporting schedules for tax returns in order to analyze earnings for self-employed plaintiffs.

#### 1099 Records

34. Any compensation over \$600 per year to someone other than an employee from an individual or company is reported on a 1099 form. There are many types of 1099 forms, ranging from dividend income to asset sale proceeds. The 1099 form most relevant to a plaintiff's earnings history is for non-employee compensation, on form 1099-NEC. Non-employee compensation is sometimes also reported on a form 1099-MISC for miscellaneous income. Nonemployee compensation is typical for self-employed or contract workers. If plaintiffs have compensation reported on a 1099 form, information on expenses associated with this revenue is necessary to understand their net income.

#### Schedule C

35. Schedule C (Form 1040) is used to report income or loss from a business a plaintiff operated as a sole proprietor. Schedule C is required if a plaintiff engages in an activity with a primary purpose of income or profit generation, and that activity is done with continuity and regularity.<sup>5</sup> Schedule C has information on both income and expenses for a business. A sample Schedule C is in Attachment 4. If a plaintiff is self-employed, Schedule C can provide useful information on their income (or loss) from that business. Because Schedule C calculates net profit (or loss), it provides a more complete overview of a plaintiff's net earnings from a business than may be available through an interview or other documents. Additionally, some

<sup>&</sup>lt;sup>5</sup> IRS 2023 Instructions for Schedule C, available at <u>https://www.irs.gov/instructions/i1040sc</u>.

expenses deducted from business profit are dual-use items that may be considered earnings. Details on these itemized business expenses can be analyzed only with a Schedule C.

36. If a plaintiff owns a corporation or partnership, more detailed information may be needed. These cases may require analysis of the company's profit and loss statements along with any information about the plaintiff's role with the company and how the person received compensation. This situation is beyond the scope of this paper.

#### **Employment Records**

37. For an expert retained by plaintiff's counsel, the expert should request information about the injured party's employment, including employer name, title, and dates of employment for jobs at least five years before the injury, the year of injury, and all years since the injury. For an expert retained by defense counsel, the plaintiff's deposition or the plaintiff's expert report may provide information on previous employers and dates of employment. Experts should request three types of records from current and past employers: personnel records, payroll records, and related company records.

#### Personnel Records

- 38. Personnel records include information such as:
  - Job title
  - Job descriptions for positions held with each employer
  - Dates and details for wage increases and position changes
  - Workers' compensation claims
  - Dates of employment and reason for leaving
  - Calculations for other types of pay such as bonuses and commissions
  - Performance evaluations
  - Disciplinary actions
  - Benefits enrollment
  - Training and certifications



- Planned raises or promotions
- Patterns of serious disciplinary or health problems

#### Payroll Records

39. Payroll records may show hours paid, overtime hours, leave and holiday time, payments outside normal base pay, and deductions for employee-paid insurance or contributions to 401(K) or other retirement plans. Payroll records may also show the employer costs or contributions toward payroll taxes and benefits. Any gaps in employment (e.g., unpaid periods for a seasonal job or lack of work) will be clear from gaps in pay dates.

40. When company payroll and personnel records are unavailable, a pay statement may give information that helps frame questions to get a better understanding of earnings and benefits. A pay statement provides valuable information, even if the plaintiff has only one or a few. Not all pay statements provide the same information. Year-end pay statements are most helpful as they provide annual estimates of earnings and benefits.

- 41. These facts may be available from a pay statement:
  - Hourly or per-pay-period rate of pay
  - Hours worked
  - Employee and/or employer paid amounts for several types of insurance
  - Employee and/or employer paid amounts for 401(K), FSA, HSA
  - Bonuses, commissions, or other special pay
  - Year-to-date amounts for the above

#### Related Company Records

42. Related company records include documents such as employee handbooks, company policies, retirement plans, bonus or commission plans, and benefits plans including a breakdown of employee and company cost sharing, etc.

43. While employer records provide a level of detail unavailable anywhere else, work for one employer may not be representative of the injured person's past employment and

earnings or their future capabilities with or without the injury. Experts should request records from earlier employers. Information from earlier employers may be different and affect projections of future earning capacity. If employers do not voluntarily respond to a request for records, counsel can issue a subpoena for the relevant records.

### If Earnings Records Are Not Available

44. In the event the earnings records discussed above are not produced for review, the next best alternative is to use published statistics to estimate a plaintiff's past or future earnings.. The first step in obtaining the statistics on wages for a specific job is to use the Dictionary of Occupational Titles (DOT) to determine the proper Standard Occupational Classification (SOC) code. This is done by accessing the DOT at <a href="https://occupationalinfo.org/">https://occupationalinfo.org/</a> and performing a search for the job of interest. Attachment 5 describes this process with screenshots.

45. For example, to analyzing the earnings of a welder-fitter, type "welder-fitter" into the search bar and select the proper job from the search results.

46. Next, click on "Welder-Fitters" to obtain the representative SOC code and job title needed to determine the wage statistics from the US Department of Labor's Bureau of Labor Statistics (BLS). The proper SOC code and job title can be found at the bottom of the page.

47. In this instance, search the BLS website for SOC code 51-4121 and the job title "welders, cutters, solderers, and brazers."

48. The BLS earnings statistics for specific jobs can be accessed at <u>https://www.bls.</u> <u>gov/bls/blswage.htm</u>. From this web page search for the statistical wages for a welder-fitter based on location. If the welder-fitter worked construction jobs throughout the country, the expert will typically select "National Wage Data." For a welder-fitter who traveled throughout their respective state to work, the expert will select "Wage Data by State."



49. For this example, the welder-fitter primarily worked in the area of Dallas, Texas, so the next step is to select "Wage Data by Metropolitan Area." From there, select the proper Metropolitan Statistical Area (MSA), which in this case is "Dallas–Fort Worth–Arlington, TX."

50. Specific jobs are grouped into Major Occupational Groups, which are represented by the first two digits of the SOC code. First select the Major Occupational Group associated with 51-0000, which is listed as "Production Occupations." Next, locate the proper job based on the full SOC code 51-4121 and the job title "welders, cutters, solderers, and brazers."

51. Once the proper SOC code and job title are located, find the median wages for a welder-fitter in the Dallas, Texas, metropolitan area. If more detailed wage information is wanted, select the specific job to access it.

52. Typically, vocational experts use the median wages for a job if the plaintiff has experience in that job. The median wages are used, as opposed to the mean, or average, wages, since the median wage is the midpoint of the dataset and is not influenced by extreme outliers. If a plaintiff was in an entry-level position or had minimal experience, the 25<sup>th</sup> percentile may be representative of their wages, as opposed to the median wages. If a plaintiff had multiple years of experience, with reported increases in wages and responsibilities over the same period, a vocational expert may report the 90<sup>th</sup> percentile wages for informational purposes but still use the median wages as the most reasonable. Which wage percentile to use is a depends heavily on the details of each individual plaintiff.

53. Sometimes, workers may have no work or earnings history to rely on, such as a young worker newly entering the workforce. In these cases, an expert may rely on median earnings by age and educational attainment. For cases involving young children, characteristics of the parents may inform the projected educational attainment and future earning capacity of the plaintiff.



#### Conclusion

54. The documents described above, along with interviews or deposition testimony of the plaintiff, help form a complete picture of a plaintiff's work and earnings history, and provide a basis for experts to opine on economic damages. No single type of document gives all the information on the plaintiff's employment and earnings history. The expert should request a Social Security earnings statement, complete tax returns, W-2 records, pay statements, and employment records from the employer at the time of the injury and other recent employers.

At Research and Planning Consultants, LP (RPC), we provide expert reports and expert testimony on economic damages for plaintiff and defense counsel. Our consultants have been accepted as experts in their fields in state and federal courts. Our team can simplify your search for experts and reduce litigation expenses and time spent coordinating experts.

RPC has many experienced expert witnesses, including certified vocational consultants, physicians, and economists. To learn more about RPC's loss of earning services, you can visit our website at <u>www.rpcconsulting.com</u>. If you have questions about this whitepaper, please contact Angela VanDerwerken, PhD, at 512.617.8053, avanderwerken@rpcconsulting.com or Michael Scullin, MHS, CRC, LRC, CVE, CLCP, at 512.790.0315, mscullin@rpcconsulting.com.

# **Attachment 1**

**Your Social Security Statement** 

WANDA WORKER

February 2, 2023

#### **Retirement Benefits**

You have earned enough credits to qualify for retirement benefits. To qualify for benefits, you earn "credits" through your work — up to four each year.

Your full retirement age is **67**, based on your date of birth: April 5, 1962. As shown in the chart, you can start your benefits at any time between ages **62** and **70**. For each month you wait to start your benefits, your monthly benefit will be higher—for the rest of your life.

These personalized estimates are based on your earnings to date and assume you continue to earn \$54,489 per year until you start your benefits. Learn more at <u>ssa.gov/benefits/retirement/learn.html</u>.

#### **Disability Benefits**

You have earned enough credits to qualify for disability benefits. If you became disabled right now and you have enough recent work, your monthly payment would be about **\$2,083**. Learn more at <u>ssa.gov/disability</u>.

#### **Survivors Benefits**

You have earned enough credits for your eligible family members to receive survivors benefits. If you die this year, members of your family who may qualify for monthly benefits include:

1,562
1

Spouse, if caring for a disabled child or

child younger than age 16:\$1,562Spouse, if benefits start at full retirement age:\$2,083Total family benefits cannot be more than:\$3,802

Your spouse or minor child may be eligible for an additional one-time death benefit of **\$255**. Learn more at <u>ssa.gov/survivors</u>.

#### Personalized Monthly Retirement Benefit Estimates (Depending on the Age You Start)



Monthly Benefit Amount

#### Medicare

You have enough credits to qualify for Medicare at age 65. Medicare is the federal health insurance program for people:

- age 65 and older,
- under 65 with certain disabilities, and
- of any age with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant).

Even if you do not retire at age 65, you may need to sign up for Medicare within 3 months of your 65th birthday to **avoid a lifetime late enrollment penalty**. Special rules may apply if you are covered by certain group health plans through work.

For more information about Medicare, visit <u>medicare.gov</u> or <u>ssa.gov/medicare</u> or call **1-800-MEDICARE** (**1-800-633-4227**) (TTY **1-877-486-2048**).

We base benefit estimates on current law, which Congress has revised before and may revise again to address needed changes. Learn more about Social Security's future at <u>ssa.gov/ThereForMe</u>.

#### **Earnings Record**

Review your earnings history below to ensure it is accurate because we base your future benefits on our record of your earnings. There's a limit to the amount of earnings you pay Social Security taxes on each year. Earnings above the limit do not appear on your earnings record. We have combined your earlier years of earnings below, but you can view your complete earnings record online with *my* Social Security. **If you find an error**, view your full earnings record online and call **1-800-772-1213**.

Work Year	Earnings Taxed for Social Security	Earnings Taxed for Medicare (began 1966)
1971-1980	\$ 2,142	\$ 2,142
1981-1990	87,102	87,102
1991-2000	246,069	246,069
2001	34,147	34,147
2002	34,846	34,846
2003	36,021	36,021
2004	38,032	38,032
2005	39,711	39,711
2006	41,829	41,829
2007	43,971	43,971
2008	45,170	45,170
2009	44,603	44,603
2010	45,666	45,847
2011	47,093	47,093
2012	48,560	48,560
2013	49,095	49,095
2014	50,605	50,605
2015	51,996	51,996
2016	52,108	52,108
2017	53,251	53,251
2018	53,966	53,966
2019	54,559	54,559
2020	54,489	54,489
2021	Not yet re	ecorded

#### **Taxes Paid**

Total estimated Social Security and Medicare taxes paid over your working career based on your Earnings Record:

Social Security taxes You paid: \$75,568 Employer(s): \$77,498 Medicare taxes You paid: \$18,158 Employer(s): \$18,158

#### **Earnings Not Covered by Social Security**

You may also have earnings from work not covered by Social Security, where you did not pay Social Security taxes. This work may have been for federal, state, or local government or in a foreign country. If you participate in a retirement plan or receive a pension based on work for which you did not pay Social Security tax, it could lower your benefits. Learn more at <u>ssa.gov/gpo-wep</u>.

#### Important Things to Know about Your Social Security Benefits

- Social Security benefits are not intended to be your only source of retirement income. You may need other savings, investments, pensions, or retirement accounts to make sure you have enough money when you retire.
- You need at least 10 years of work (40 credits) to qualify for retirement benefits. Your benefit amount is based on your highest 35 years of earnings. If you have fewer than 35 years of earnings, years without work count as 0 and may reduce your benefit amount.
- To keep up with inflation, benefits are adjusted through "cost of living adjustments."
- If you get retirement or disability benefits, your spouse and children may qualify for benefits.
- When you apply for either retirement or spousal benefits, you may be required to apply for both benefits at the same time.
- If you and your spouse both work, use the my Social Security Retirement Calculator to estimate spousal benefits.
- The age you claim benefits will affect the benefit amount for your surviving spouse. For example, claiming benefits after your full retirement age may increase the *Spouse, if benefits start at full retirement age* amount on page 1; claiming early may reduce it.
- If you are divorced and were married for 10 years, you may be able to claim benefits on your ex-spouse's record. If your ex-spouse receives benefits on your record, that does not affect your or your current spouse's benefit amounts.
- Learn more about benefits for you and your family at <u>ssa.gov/benefits/retirement/</u> planner/applying7.html.
- When you are ready to apply, visit <u>ssa.gov/</u> <u>benefits/retirement/apply.html</u>.
- The *Statement* is updated annually. It is available online, or by mail upon request.

*SSA.gov* Follow us on social media <u>ssa.gov/socialmedia</u>

# Requesting a Social Security Earnings Statement

Users will see these screens when requesting a Social Security Earnings Statement. We have outlined in red the options an individual should click.

Begin by navigating to <u>https://www.ssa.gov/myaccount/statement.html</u>. The user will see a screen that looks like the picture below. If the user has an existing account, he or she should click the "Sign in" button. If a user needs to create an account, he or she should click the "Create your account" button.



The following page shows the next screen the user will see if he or she has an account and click "Sign in." We've include guidelines on what to choose depending on what kind of account the user has.

secure.ssa.gov/RIL/SiView.action



# Creating an Account with Login.gov

A person can create a new account to access Social Security information at <u>https://secure.login.gov/</u>. Once on that site, the user should click "Create Account" as shown on the screen to the right.

The user will then be asked to enter an email address. A confirmation email will be sent to the email address provided. The user must click "Confirm Email Address," which will direct him or her to a prompt to create a password.

The user will then have to provide another form of verification (such as a phone number) to allow for multifactor authentication. Once the user has provided verification through a phone number, he or she will need to have the following information available to verify and finish setting up the account:

- Valid Email Address
- Valid Social Security Number
- US Mailing Address
- Date of Birth (Must be at least 18 years of age)
- Phone Number



# **SSA** is using Login.gov to allow you to sign in to your account safely and securely.

Sign in	Create an account

### Create an account for new users

#### Enter your email address

#### Select your email language preference

Login.gov allows you to receive your email communication in English, Spanish or French.

O English (default)
🔘 Español
○ Français

□ I read and accept the Login.gov <u>Rules of Use</u> ☑



The user will then be sent through a series of prompts to enter this information and to receive an activation code for his or her account. If the user already has an active online account but did not know before creating the account, the login.gov username will simply be linked to the existing Social Security account.

# Obtaining the Social Security Statement

Once all information is entered and the person logs in to their account, he or she can access the Social Security Statement from the home page, by clicking on "Your Social Security Statement" or access their full earnings records by clicking "Review Your Full Earnings Record Now" as shown on the screen below.

The security and the se	Sign Out
Home Messages & My Profile	
Welcome,	
You last signed in on February 9, 2024 at 3:31 PM ET.	
Your Social Security Statement You can download your statement as a PDF or XML file.	
Replace your Social Security Card	
Your Benefit Verification Letter Your letter proving you receive or do not receive Social Security Benefits.	
© Eligibility and Earnings	
You have the 40 work credits you need to receive benefits!	
You earned in 2023. Is this correct? Review your full earnings record now	
✓ Learn more about eligibility and work credits	

# Troubleshooting and Requesting Paper Copies

If a user attempts to login with incorrect information, he or she will see a screen like the one below.

		at at this time. Disease try	ogoin latar	
If you n	eed immediate assistan	st at this time. Please try	again later.	
If you n	eed immediate assistar	nce: please contact us.		
Ewit				
Exit				

0

By clicking "Contact Us," the user will be taken to the following screen, which is also available at: <u>https://secure.ssa.gov/cet/contact-us-ui/#/call-us</u>

Social Security	
Support Options A Call Us Request a Call Back Visit Us	Call Us         You can speak to a Social Security representative for help with a my Social Security account Monday through Friday.         Toll-free:         1-800-772-1213         8:00 a.m 7:00 p.m. local time.         After you hear "Briefly tell me why you are calling," please say "Help Desk" for help with a my Social Security account.         TTY (for deaf or hard of hearing)         1-800-325-0778         8:00 a.m 7:00 p.m. local time.         We are not open on federal holidays.         You can also use our automated telephone services to get recorded information and conduct some business 24 hours a day.         If you would like to receive your Social Security Statement by mail please follow these instructions.         If you live outside the United States visit Service Around the World.         Exit

As shown on the screen above, the user can dial 1-800-772-1213 to reach SSA customer service. When prompted, the user should say "Help Desk" for assistance with an online account.

A Social Security statement may also be requested by mail by filling out a Form SSA-7004. This form is available at <u>https://www.ssa.gov/forms/ssa-7004.pdf</u>.

#### **Request for Social Security Statement**

Within four to six weeks after you return this form, we will send you:

- a record of your earning history;
- · an estimate of how much you have paid in Social Security taxes; and
- · estimates of benefits you (and your family) may be eligible for now and in the future.

NOTE: You can receive an immediate Social Security Statement online by using a free my Social Security account. Log in or sign up today at <u>www.socialsecurity.gov/myaccount</u>.

Please note: If you have received periodic *Social Security Statements* in the mail, this request may stop your next scheduled mailing.

We hope you will find the *Statement* useful in planning your financial future. Remember, Social Security is more than a program for retired people. Social Security is with you throughout life's journey. For example, it can help support your family when you die and pay you benefits if you become severely disabled.

If you have questions about Social Security or this form, please call our toll-free number, 1-800-772-1213 (TTY 1-800-325-0778)

Please check this box if you want to get your Statement in Spanish instead of English.

Please print or type your answers. The form should be printed double-sided. When you have completed the form, mail it to:

Social Security Administration Wilkes Barre Direct Operations Center P.O. Box 7004 Wilkes Barre, PA 18767-7004				
1. Name shown on your Social Security card:				
First Name: Middle Initial:				
Last Name only:	]			
2. Your Social Security number as shown on your card:				
3. Your date of birth				
. Other Social Security numbers you have used:				



### **REQUEST FOR SOCIAL SECURITY EARNING INFORMATION**

\*Use This Form If You Need

- 1. Certified/Non-Certified Detailed Earnings Information Includes periods of employment or self-employment and the names and addresses of employers.
- 2. Certified Yearly Totals of Earnings Includes total earnings for each year but does not include the names and addresses of employers.

DO NOT USE THIS FORM TO REQUEST YEARLY EARNINGS TOTALS

Yearly earnings totals are free to the public if you do not require certification.

To obtain FREE yearly totals of earnings, visit our website at <u>www.ssa.gov/myaccount</u>.

#### Privacy Act Statement Collection and Use of Personal Information

Section 205 of the Social Security Act, as amended, allows us to collect this information. In addition, the Budget and Accounting Act of 1950 and Debt Collection Act of 1982 authorize us to collect credit card information, if you choose to pay for the earnings information you have requested with a credit card. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from processing your request.

We will use the information to identify your records, process your request, and send the earnings information you request. We may also share the information for the following purposes, called routine uses:

- 1. To the Internal Revenue Service (IRS) for auditing SSA's compliance with the safeguard provisions of the Internal Revenue Code of 1986, as amended.
- 2. To contractors and other Federal agencies, as necessary, for the purpose of, assisting the Social Security Administration (SSA) in the efficient administration of its programs.
- 3. To banks enrolled in the Treasury credit card network to collect a payment or debt when the individual has given his/her credit card number for this purpose.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORNs) 60-0059, entitled Earnings Recording and Self-Employment Income System, 60-0090, entitled Master Beneficiary Record, 60-0224, entitled SSA-Initiated Personal Earnings and Benefit Estimate Statement, and 60-0231, entitled Financial Transactions of SSA Accounting and Finance Offices. Additional information and a full listing of all our SORNs are available on our website at <a href="http://www.socialsecurity.gov/foia/bluebook">www.socialsecurity.gov/foia/bluebook</a>.

**Paperwork Reduction Act Statement -** This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 11 minutes to read the instructions, gather the facts, and answer the questions. *Send only comments relating to our time estimate above to:* SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.

# **REQUEST FOR SOCIAL SECURITY EARNING INFORMATION**

1. Provide your name as it appears on your most recent Soc earnings you are requesting.	cial Security card or the name of the individual whose			
First Name:	Middle Initial:			
Last Name:				
Social Security Number (SSN)	One SSN per request			
Date of Birth: Da	ate of Death:			
Other Name(s) Used Maiden Name				
2. What kind of earnings information do you need? (Choose this request.)	<b>ONE</b> of the following types of earnings or SSA must return			
Itemized Statement of Earnings \$100.00	Year(s) Requested: to			
(Includes the names and addresses of employers)				
If you check this box, tell us why you need this information below.	real(s) Requested.			
	Check this box if you want the earnings information <b>CERTIFIED</b> for an additional \$44.00 fee.			
Certified Yearly Totals of Earnings \$44.00	Year(s) Requested:			
(Does not include the names and addresses of employers)Yearly earnings totals are FREE to the public if you do not require certification. To obtain FREE yearly totals of earnings visit our website at wawy sea gov/myaccount	Year(s) Requested: to to			
3. If you would like this information sent to someone else, p	please fill in the information below.			
I authorize the Social Security Administration to release the	he earnings information to:			
Name				
Address	State			
City ZIP Code				
4. I am the individual to whom the record pertains (or a person authorized to sign on behalf of that individual). I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.				
Signature AND Printed Name of Individual or Legal	GuardianSSA must receive this form within 120 days from the date signed			
	Date			
Relationship (if applicable, you must attach proof)	Daytime Phone:			
Address	State			
City	ZIP Code			
Witnesses must sign this form ONLY if the above signature is signing who know the signee must sign below and provide the mark (X) on the signature line above.	is by marked (X). If signed by mark (X), two witnesses to the neir full addresses. Please print the signee's name next to the			
1. Signature of Witness	2. Signature of Witness			
Address (Number and Street, City, State and ZIP Code)	Address (Number and Street, City, State and ZIP Code)			

#### INFORMATION ABOUT YOUR REQUEST

You may use this form to request earnings information for one ONE Social Security Number (SSN)

#### How do I get my earnings statement?

You must complete the attached form. Tell us the specific years of earnings you want, type of earnings record, and provide your mailing address. The itemized statement of earnings will be mailed to ONE address, therefore, if you want the statement sent to someone other than yourself, provide their address in section 3. Mail the completed form to SSA within 120 days of signature. If you sign with an "X", your mark must be witnessed by two impartial persons who must provide their name and address in the spaces provided. Select **ONE** type of earnings statement and include the appropriate fee.

#### 1. Certified/Non-Certified Itemized Statement of Earnings

This statement includes years of self-employment or employment and the names and addresses of employers.

#### 2. Certified Yearly Totals of Earnings

This statement includes the total earnings for each year requested but *does not* include the names and addresses of employers.

If you require one of each type of earnings statement, you must complete two separate forms. Mail each form to SSA with one form of payment attached to each request.

# How do I get someone else's earnings statement?

You may get someone else's earnings information if you meet one of the following criteria, attach the necessary documents to show your entitlement to the earnings information and include the appropriate fee.

#### 1. Someone Else's Earnings

The natural or adoptive parent or legal guardian of a minor child, or the legal guardian of a legally declared incompetent individual, may obtain earnings information if acting in the best interest of the minor child or incompetent individual. You must include proof of your relationship to the individual with your request. The proof may include a birth certificate, court order, adoption decree, or other legally binding document.

#### 2. A Deceased Person's Earnings

You can request earnings information from the record of a deceased person if you are:

- The legal representative of the estate;
- A survivor (that is, the spouse, parent, child, divorced spouse of divorced parent); or
- An individual with a material interest (e.g., financial) who is an heir at law, next of kin, beneficiary under the will or donee of property of the decedent.

You must include proof of death and proof of your relationship to the deceased with your request.

#### Is There A Fee For Earnings Information?

Yes. We charge a \$100.00 fee for providing information for purposes unrelated to the administration of our programs.

#### 1. Certified or Non-Certified Itemized Statement of Earnings

In most instances, individuals request Itemized Statements of Earnings for purposes unrelated to our programs such as a private pension plan or personal injury suit. Bulk submitters may email <u>OCO.Pension.Fund@ssa.gov</u> for an alternate method of obtaining itemized earnings information.

We will **<u>certify</u>** the itemized earnings information for an additional \$44.00 fee. Certification is usually not necessary unless you are specifically requested to obtain a certified earnings record.

Sometimes, there is no charge for itemized earnings information. If you have reason to believe your earnings are not correct (for example, you have previously received earnings information from us and it does not agree with your records), we will supply you with more detail for the year(s) in question. Be sure to show the year(s) involved on the request form and explain why you need the information. If you do not tell us why you need the information, we will charge a fee.

#### 2. Certified Yearly Totals of Earnings

We charge \$44.00 to certify yearly totals of earnings. However, if you do not want or need certification, you may obtain yearly totals <u>FREE</u> of charge at <u>www.ssa.gov/myaccount</u>. Certification is usually not necessary unless you are advised specifically to obtain a certified earnings record.

#### Method of Payment This Fee Is Not Refundable. DO NOT SEND CASH.

You may pay by credit card, check or money order. • Credit Card Instructions

Complete the credit card section on page 4 and return it with your request form.

 Check or Money Order Instructions Enclose one check or money order per request form payable to the Social Security Administration and write the Social Security number in the memo.

#### How long will it take SSA to process my request?

Please allow SSA 120 days to process this request. After 120 days, you may contact 1-800-772-1213 to leave an inquiry regarding your request.

### **REQUEST FOR SOCIAL SECURITY EARNING INFORMATION**

#### • Where do I send my complete request?

Mail the completed form, supporting documentation,	If using private contractor such as FedEx mail form,
and applicable fee to:	supporting documentation, and application fee to:
Social Security Administration	Social Security Administration
P.O. Box 33011	P.O. Box 33011
Baltimore, Maryland 21290-33011	Baltimore, Maryland 21290-33011

#### • How much do I have to pay for an Itemized Statement of Earnings?

Non-Certified Itemized Statement of Earnings	Certified Itemized Statement of Earnings
\$100.00	\$144.00

#### • How much do I have to pay for Certified Yearly Totals of Earnings?

Certified yearly totals of earnings cost \$44.00. You may obtain non-certified yearly totals <u>FREE</u> of charge at <u>www.ssa.gov/myaccount</u>. Certification is usually not necessary unless you are specifically asked to obtain a certified earnings record.

#### YOU CAN MAKE YOUR PAYMENT BY CREDIT CARD

As a convenience, we offer you the option to make your payment by credit card. However, regular credit card rules will apply. You also pay by check or money order. Make check payable to Social Security Administration.

	Visa American Express	
CHECK ONE	MasterCard Discover	
Credit Card Holder's Name (Enter the name from the credit card)	First Name, Middle Initial, Last Name	
Credit Card Holder's Address	Number & Street	
	City, State, & ZIP Code	
Daytime Telephone Number	Area Code	_
Credit Card Number		
Credit Card Expiration Date	(MM/YY)	
Amount Charged See above to select the correct fee for your request. Applicable fees are \$44.00, \$100.00, or \$144.00. SSA will return forms without the appropriate fee.	\$	
Credit Card Holder's Signature	Date	
	Authorization	
DO NOT WRITE IN THIS SPACE OFFICE USE ONLY	Name Date	
	Remittance Control #	

# Attachment 2



# **Transcript Types and Ways to Order Them**

# **Ways to Get Transcripts**

You may register to use Get Transcript Online to view, print, or download all transcript types listed below.

If you're unable to register, or you prefer not to use Get Transcript Online, you may order a *tax return transcript* and/or a *tax account transcript* through Get Transcript by Mail or by calling 800-908-9946. Please **allow 5 to 10 calendar days** for delivery.

You may also request any transcript type listed below by submitting Form 4506-T, Request for Transcript of Tax Return.

# **Transcript Types**

We offer the following transcript types at no charge:

- **Tax Return Transcript** shows most line items from your original Form 1040series tax return as filed, along with any forms and schedules. It doesn't show changes made after you filed your original return. This transcript is available for the current and three prior tax years. A tax return transcript usually meets the needs of lending institutions offering mortgages. **Note:** The secondary spouse on a joint return can use Get Transcript Online or Form 4506-T to request this transcript type. When using Get Transcript by Mail or calling 800-908-9946, the primary taxpayer on the return must make the request.
- Tax Account Transcript shows basic data such as filing status, taxable income, and payment types. It also shows changes made after you filed your original return. This transcript is available for the current and nine prior tax years through Get Transcript Online, and the current and three prior tax years through Get Transcript by Mail or by calling 800-908-9946. These years and older tax years can be obtained by submitting Form 4506-T. Note: If you made estimated tax payments and/or applied an overpayment from a prior year

#### **Related Items**

- Get Transcript
- Transcript Types and Ways to Order Them
- Transcript Availability
- Get Transcript FAQs

return, you can request this transcript type a few weeks after the beginning of the calendar year to confirm your payments prior to filing your tax return.

- **Record of Account Transcript** combines the tax return and tax account transcripts above into one complete transcript. This transcript is available for the current and three prior tax years using Get Transcript Online or Form 4506-T.
- Wage and Income Transcript shows data from information returns we receive such as Forms W-2, 1098, 1099, and 5498. The transcript is limited to approximately 85 income documents. If you have more documents than that, the transcript will not generate. You'll receive a notification online stating that your transcript request could not be processed and to complete and submit Form 4506-T. If you see a message of "No Record of return filed" for the current tax year, it means information has not populated to the transcript yet. Check back in late May. This transcript is available for the current and nine prior tax years using Get Transcript Online or Form 4506-T.
- Verification of Non-filing Letter states that the IRS has no record of a processed Form 1040-series tax return as of the date of the request. It doesn't indicate whether you are required to file a return for that year. This letter is available after June 15 for the current tax year or anytime for the prior three tax years using Get Transcript Online or Form 4506-T. Use Form 4506-T if you need a letter for older tax years.

**Note**: A transcript isn't a photocopy of your return. If you need a copy of your original return, submit Form 4506, Request for Copy of Tax Return. Refer to the form for the processing time and fee.

Refer to Get Transcript FAQs for more information.

Back to Get Transcript home page

Page Last Reviewed or Updated: 22-Sep-2023

E1040	Department of the Treasury-Internal Revenue Service U.S. Individual Income Tax Return							his space.						
For the year Jan.	. 1–Deo	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	Se	See separate instructions.			ctions.
Your first name	and m	iddle initial	Last r	name						Yo	our soo	cial secu	irity r	number
If joint return, spouse's first name and middle initial Last name Spouse's							s social s	secur	rity number					
Home address (	numb	er and street). If you have a P.O. box, see	instruc	tions.				A	Apt. no.	Pr	esider	tial Elec	tion	Campaign
										Ch	eck h	ere if yo	u, or	your
City, town, or po	wn, or post office. If you have a foreign address, also complete spaces below. State ZIP code to go to this fund. Checking a box below will not change							necking a nange						
Foreign country	name			Foreign pi	rovince/state/o	count	ty	Forei	yn postal co	de yo	ur tax	or refun	ıd. J [	Spouse
Filing Status		Single					Head of h	ouseh	old (HOH)					
Check only		Married filing jointly (even if only o	ne hac	l income)			_							
one box.		Married filing separately (MFS)					Qualifying	survi	ing spous	se (QS	S)			
	lf y	you checked the MFS box, enter the	name	of your s	pouse. If you	ı che	ecked the HOH	H or Q	SS box, e	nter th	e chil	d's nan	ne if	the
	qu	lalifying person is a child but not you	ir aepe	endent:										
Digital Assets	At a excl	ny time during 2023, did you: (a) reco nange, or otherwise dispose of a digi	eive (a ital ass	s a reward set (or a fir	d, award, or nancial intere	payr əst ir	ment for prope n a digital asse	erty or et)? (S	services); ee instruct	or (b) tions.)	sell,	Ye:	s [	No
Standard	Som	<b>neone can claim:</b> 🗌 You as a de	pende	nt 🗌	Your spouse	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	1							
Age/Blindness	You	: 🗌 Were born before January 2, 1	959	Are bl	ind Spo	ouse	: 🗌 Was bo	rn befo	ore Januar	y 2, 19	959	🗌 Is	blind	b
Dependents	(see	instructions):		(2) 5	Social security		(3) Relationsh	nip (4	) Check the	e box if	qualif	ies for (s	ee in:	structions):
If more	(1) F	irst name Last name			number		to you		Child ta	k credit		Credit for	other	dependents
than four										]				
see instructions	;									<u>]</u>			ᆜ	
and check	-									] 7			⊢	
	10	Total amount from Form(s) W/2 b	ov 1 (s		tions)					_	10			
income	h	Household employee wages not re	enorte	d on Form	n(s) W-2	•••		•••		·	1b			
Attach Form(s)	c	Tip income not reported on line 1a	l (see i	nstruction	is)						1c			
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (see ir	nstru	uctions)				1d			
W-2G and	е	Taxable dependent care benefits f	rom Fe	orm 2441,	line 26 .		· · · ·				1e			
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8	839, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form W-2, see	h	Other earned income (see instruction	ions)								1h			
instructions.	i	Nontaxable combat pay election (s	see ins	structions)			· · 1	i						
	z	Add lines 1a through 1h				· ·				·	1z			
Attach Sch. B	2a	Lax-exempt interest	2a			b la	axable interes	t.		·	26			
	<u>3a</u>		3a 4a			D U b T	rainary aivide	nas. .+		·	3D 4b			
Standard	4a 5a	Pensions and annuities	4a 5a			b T	axable amoun	1		·	40 5h			
Single or	6a	Social security benefits	6a			b Ta	axable amoun	nt			6b			
Married filing	c	If you elect to use the lump-sum e	lectior	n method,	check here (	(see	instructions)							
\$13,850	7	Capital gain or (loss). Attach Sche	dule D	if require	d. If not requ	, iired,	, check here				7			
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule	1, line	10							8			
Qualifying spouse.	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8	3. This is y	our total inc	ome	e				9			
\$27,700 • Head of	10	Adjustments to income from Sche	dule 1	, line 26							10			
household,	11	Subtract line 10 from line 9. This is	s your	adjusted	gross incon	ne					11			
<ul> <li>   φ∠υ,ουυ   </li> <li>   If you checked Γ  </li> </ul>	12	Standard deduction or itemized	deduc	ctions (fro	m Schedule	A)		• •		·	12			
any box under Standard	Image: Index provided and the second deduction from Form 8995 or Form 8995-A     Image:													
Deduction, see instructions	14	Add lines 12 and 13	• •				· · · ·	• •		·	14			
For Disclosure	10 Prives	Subtract line 14 from line 11. If Zer	o or le	see separa	te instruction	our 1	laxable incon	Cet .		•	15		orm <b>1</b>	040 (2022)

Form 1040 (2023	)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 8814	4 <b>2</b> 🗌 4972	3 🗌		16	
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	
	19	Child tax credit or credit for	other dependent	ts from Schedu	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less, e	enter -0				22	
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21 .			23	
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	
Pavments	25	Federal income tax withheld	from:						
	а	Form(s) W-2				25a			
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	
If you have a	26	2023 estimated tax payment	s and amount a	pplied from 20	22 return			26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit fror	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	e15			31			
	32	Add lines 27, 28, 29, and 31	These are your	total other pa	yments and ref	undable credite	s	32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	
Refund	34	If line 33 is more than line 24	, subtract line 24	4 from line 33.	This is the amou	nt you <b>overpai</b> d	k	34	
	35a	Amount of line 34 you want	refunded to you	I. If Form 8888	is attached, che	ck here	🗌	35a	
Direct deposit?	b	Routing number			<b>c</b> Type:	Checking	Savings	5	
See instructions.	d	Account number							
	36	Amount of line 34 you want a	applied to your 2	2024 estimate	dtax	36			
Amount	37	Subtract line 33 from line 24	. This is the <b>amc</b>	ount you owe.					
You Owe		For details on how to pay, ge	o to <i>www.irs.gov</i>	/Payments or	see instructions			37	
	38	Estimated tax penalty (see in	structions) .			38			
Third Party	Do	you want to allow another	person to disc	uss this retur	n with the IRS?	' See			_
Designee	ins	tructions				🗌 Yes.	Complete	e below.	No No
	Des	signee's ne		Phone no.		Pe	rsonal ider mber (PIN)	ntification	
Sign	Und	der penalties of periury. I declare th	nat I have examined	d this return and	accompanying sche	edules and statem	ents, and to	the best	of my knowledge and
Loro	beli	ef, they are true, correct, and com	plete. Declaration of	of preparer (other	than taxpayer) is b	ased on all informa	ation of whi	ch prepar	er has any knowledge.
пеге	Υοι	ur signature		Date	Your occupation		lf t	he IRS se	nt you an Identity
							Pro	otection P	IN, enter it here
Joint return?	- 0			Data	0	1	(50		
Keep a copy for	Spo	buse's signature. If a joint return, <b>t</b>	ootn must sign.	Date	Spouse's occupat	lion	lf t	ne IRS sei entity Prote	nt your spouse an ection PIN. enter it here
your records.							(se	e inst.)	· · · · · · · · · · · · · · · · · · ·
	Pho	one no.		Email address			I		
Deid	Pre	parer's name	Preparer's signat	ure		Date	PTIN		Check if:
Pala									Self-employed
Preparer	Firr	n's name					Ph	one no.	
Use Only	Firr	n's address					Fin	m's EIN	
Go to www.irs.ac	v/Form	1040 for instructions and the late	st information						Form <b>1040</b> (2023)

Form <b>4506</b>
(January 2024)

## **Request for Copy of Tax Return**

OMB No. 1545-0429	OMB	No.	1545-0429
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Department of the Treasury Internal Revenue Service Do not sign this form unless all applicable lines have been completed.
 Request may be rejected if the form is incomplete or illegible.

► For more information about Form 4506, visit www.irs.gov/form4506.

Tip: Get faster service: Online at www.irs.gov, Get Your Tax Record (Get Transcript) or by calling 1-800-908-9946 for specialized assistance. We have teams available to assist. Note: Taxpayers may register to use <u>Get Transcript</u> to view, print, or download the following transcript types: Tax Return Transcript (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), Tax Account Transcript (shows basic data such as return type, marital status, AGI, taxable income and all payment types), Record of Account Transcript (combines the tax return and tax account transcripts into one complete transcript), Wage and Income Transcript (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and Verification of Non-filing Letter (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions).

4 Previous address shown on the last return filed if different from line 3 (see instructions).

5 If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.

Caution: If the tax return is being sent to the third party, ensure that lines 5 through 7 are completed before signing. (see instructions).

6	Tax return requested. Form schedules, or amended returns. destroyed by law. Other returns type of return, you must complete	1040, 1120, 941, Copies of Forms s may be available e another Form 450	etc. and all attac 1040, 1040A, and for a longer perio 6. ►	hments as origi 1040EZ are gen d of time. Enter	nally submitte erally available only one retu	d to the IF for 7 years m number. I	S, includin from filing f you need	g Form(s before th more tha	) W-2, ley are an one
	Note: If the copies must be certif	ied for court or adm	ninistrative proceed	ings, check here					. 🗆
7	Year or period requested. Enter	the ending date of	the tax year or peri	iod using the mm	/dd/yyyy forma	at (see instru	ctions).		
	//	/	/	/	/	-	/	_/	
	//	/	_/	/	/	-	/	/	
8	Fee. There is a \$30 fee for each be rejected. Make your check or or EIN and "Form 4506 request"	return requested. F or money order pa " on your check or	ull payment must ayable to "United \$ r money order	be included wit States Treasury	h your reques ." Enter your \$	t or it will SSN, ITIN,	¢		
a	Cost for each return						\$		
b	Number of returns requested on I	ine 7					<u>^</u>		
<u>с</u>	Total Cost. Multiply line 8a by line		· · · · · · ·	· · · · · ·	· · · ·	· · ·	<b>&gt;</b>		
9	If we cannot find the tax return, w	e will refund the fee	e. If the refund shou	aid go to the third	party listed or	1 line 5, chec	к nere	• •	· 🗆
Cautio	<b>n:</b> Do not sign this form unless all	applicable lines hav	e been complete			11	6.1.2.5.06.5.1.5		
request managi execute Siq de	are of taxpayer(s). I declare that I an ed. If the request applies to a joint re ng member, guardian, tax matters pa e Form 4506 on behalf of the taxpaye gnatory attests that he/she has clares that he/she has the au	n either the taxpayer eturn, at least one sp artner, executor, recc r. Note: This form m as read the attes ithority to sign t	whose name is show ouse must sign. If sig- piver, administrator, t uust be received by II station clause ar he Form 4506. S	wh on line Ta or 22 gned by a corpora trustee, or party of RS within 120 day nd upon so rea ee instruction	a, or a person at te officer, 1 per ther than the tax s of the signatu ading s	cent or more payer, I certif e date. Phone ni 1a or 2a	btain the tax shareholder, y that I have umber of tay	partner, partner, the autho payer on	rity to line
	Simplung (and instructio								
		1051		LIATA					

	'		Balo
Sign			
Here	1	Print/Type name	Title (if line 1a above is a corporation, partnership, estate, or trust)
	K		
	/	Spouse's signature	Date
	ĸ		
		Print/Type name	

Section references are to the Internal Revenue Code unless otherwise noted.

#### **Future Developments**

For the latest information about Form 4506 and its instructions, go to www.irs.gov/form4506.

#### General Instructions

Caution: Do not sign this form unless all applicable lines, including lines 5 through 7, have been completed.

Designated Recipient Notification. Internal Revenue Code, Section 6103(c), limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

Taxpayer Notification. Internal Revenue Code, Section 6103(c), limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

Purpose of form. Use Form 4506 to request a copy of your tax return. You can also designate (on line 5) a third party to receive the tax return.

How long will it take? It may take up to 75 calendar days for us to process your request.

Where to file. Attach payment and mail Form 4506 to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual returns (Form 1040 series) and one for all other returns.

If you are requesting a return for more than one year or period and the chart below shows two different addresses, send your request based on the address of your most recent return.

#### Chart for individual returns (Form 1040 series)

If you filed an individual return Mail to: and lived in: Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, North Carolina, Oklahoma, South Internal Revenue Service Carolina, Tennessee, RAIVS Team Texas, a foreign country, Stop 6716 AUSC American Samoa, Puerto Austin, TX 73301 Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service

Kansas City, MO 64999

Internal Revenue Service

RAIVS Team

**RAIVS** Team

P.O. Box 9941

Mail Stop 6734

Ogden, UT 84409

Stop 6705 S-2

Delaware, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Vermont, Virginia, Wisconsin

Alaska, Arizona, California, Colorado, Connecticut. District of Columbia, Hawaii, Idaho, Kansas, Maryland, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wyoming

#### Chart for all other returns

For returns not in Form 1040 series. if the address on the return was in:

Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin

Internal Revenue Service **RAIVS** Team Stop 6705 S-2 Kansas City, MO 64999

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409

#### Specific Instructions

Line 1b. Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a, or enter the employer identification number (EIN) for the business listed on line 1a. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter vour SSN.

Line 3. Enter your current address. If you use a P.O. box, please include it on this line 3.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3. Note. If the addresses on lines 3 and 4 are different

and you have not changed your address with the IRS, file Form 8822, Change of Address, or Form 8822-B, Change of Address or Responsible Party -Business, with Form 4506.

Line 7. Enter the end date of the tax year or period requested in mm/dd/yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12/31/2018 for a calendar year 2018 Form 1040 return, or 03/31/2017 for a first quarter Form 941 return.

Signature and date. Form 4506 must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506 within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, *including lines 5* through 7, are completed before signing.



unchecked.

You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is

Individuals. Copies of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506 exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506 can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506 but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506 can be signed by any person who was a member of the partnership during any part of the tax period requested on line 7.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506 for a taxpayer only if this authority has been specifically delegated to the representative on Form 2848, line 5a. Form 2848 showing the delegation must be attached to Form 4506

**Privacy Act and Paperwork Reduction Act** Notice. We ask for the information on this form to establish your right to gain access to the requested return(s) under the Internal Revenue Code. We need this information to properly identify the return(s) and respond to your request. If you request a copy of a tax return, sections 6103 and 6109 require you to provide this information, including your SSN or EIN, to process your request. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506 will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 10 min.; Preparing the form, 16 min.; and Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506 simpler, we would be happy to hear from you. You can write to:

- Internal Revenue Service
- Tax Forms and Publications Division
- 1111 Constitution Ave. NW, IR-6526 Washington, DC 20224.
- Do not send the form to this address. Instead, see

Where to file on this page.

Mail to:

# Internal Revenue Service

This Product Contains Sensitive Taxpayer Data

# Tax Return Transcript

Request Date:	08-09-2018
Response Date:	08-09-2018
Tracking Number:	100200235179
Customer File Number:	0987654321

SSN Provided: XXX-XX-5084 Tax Period Ending: Dec. 31, 2017

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

SSN:	XXX-XX-5084
SPOUSE SSN:	
NAME(S) SHOWN ON RETURN:	DRAK
ADDRESS:	123 DA
FILING STATUS:	Single
FORM NUMBER:	1040
CYCLE POSTED:	20181005
RECEIVED DATE: Ja	an.15, 2018
REMITTANCE:	\$0.00
EXEMPTION NUMBER:	1
DEPENDENT 1 NAME CTRL:	
DEPENDENT 1 SSN:	
DEPENDENT 2 NAME CTRL:	
DEPENDENT 2 SSN:	
DEPENDENT 3 NAME CTRL:	
DEPENDENT 3 SSN:	
DEPENDENT 4 NAME CTRL:	
DEPENDENT 4 SSN:	×
PTIN:	
PREPARER EIN:	

#### Income

WAGES, SALARIES, TIPS, ETC:	\$13,000.00
TAXABLE INTEREST INCOME: SCH B:	\$0.00
TAX-EXEMPT INTEREST:	\$0.00
ORDINARY DIVIDEND INCOME: SCH B:	\$0.00
QUALIFIED DIVIDENDS:	\$0.00
REFUNDS OF STATE/LOCAL TAXES:	\$0.00

ALIMONY RECEIVED:	\$0.00
BUSINESS INCOME OR LOSS (Schedule C):	\$2,500.00
BUSINESS INCOME OR LOSS: SCH C PER COMPUTER:	\$2,500.00
CAPITAL GAIN OR LOSS: (Schedule D):	\$0.00
CAPITAL GAINS OR LOSS: SCH D PER COMPUTER:	\$0.00
OTHER GAINS OR LOSSES (Form 4797):	\$0.00
TOTAL IRA DISTRIBUTIONS:	\$0.00
TAXABLE IRA DISTRIBUTIONS:	\$0.00
TOTAL PENSIONS AND ANNUITIES:	\$0.00
TAXABLE PENSION/ANNUITY AMOUNT:	\$0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E):	\$0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER:	\$0.00
RENT/ROYALTY INCOME/LOSS PER COMPUTER:	\$0.00
ESTATE/TRUST INCOME/LOSS PER COMPUTER:	\$0.00
PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER:	\$0.00
FARM INCOME OR LOSS (Schedule F):	\$0.00
FARM INCOME OR LOSS (Schedule F) PER COMPUTER:	\$0.00
UNEMPLOYMENT COMPENSATION.	\$0.00
TOTAL SOCIAL SECURITY BENEFITS.	\$0.00
TAXABLE SOCIAL SECURITY BENEFITS.	\$0.00
TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER.	\$0.00
OTHER INCOME.	\$0.00
COMPANIE FIC SE INCOME DED COMPUTED.	\$2,323,00
SCHEDULE EIC SE INCOME FER COMPUTER.	\$2,323.00
SCHEDULE EIC EARNED INCOME FER COMPUTER.	\$10,323.00
TOTAL INCOME.	\$0.00
TOTAL INCOME.	\$15,500.00
TOTAL INCOME FER COMPOTER.	\$13,300.00
Adjustments to Income	
EDUCATOR EXPENSES:	\$0.00
EDUCATOR EXPENSES PER COMPUTER:	\$0.00
RESERVIST AND OTHER BUSINESS EXPENSE:	\$0.00
HEALTH SAVINGS ACCT DEDUCTION:	\$0.00
HEALTH SAVINGS ACCT DEDUCTION PER COMPTR:	\$0.00
MOVING EXPENSES: F3903:	\$0.00
SELF EMPLOYMENT TAX DEDUCTION:	\$177.00
SELF EMPLOYMENT TAX DEDUCTION PER COMPUTER:	\$177.00
SELF EMPLOYMENT TAX DEDUCTION VERIFIED:	\$0.00
KEOGH/SEP CONTRIBUTION DEDUCTION:	\$0.00
SELF-EMP HEALTH INS DEDUCTION:	\$0.00
EARLY WITHDRAWAL OF SAVINGS PENALTY.	\$0.00
ALIMONY PAID SSN.	+0.00
ALIMONY PAID.	\$0.00
IRA DEDUCTION.	\$0.00
INA DEDUCTION.	\$0.00
A JEDUCITON FER CONFUTER.	
CUDENT LOAN INTERECT DEDUCTION:	ŞU.UU
STUDENT LOAN INTEREST DEDUCTION PER COMPUTER:	\$0.00
STUDENT LOAN INTEREST DEDUCTION VERIFIED:	\$0.00
TUITION AND FEES DEDUCTION:	\$0.00
TUITION AND FEES DEDUCTION PER COMPUTER:	\$0.00
DOMESTIC PRODUCTION ACTIVITIES DEDUCTION:	\$0.00

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION PER COMPUTER:	\$0.00
OTHER ADJUSTMENTS:	\$0.00
ARCHER MSA DEDUCTION:	\$0.00
ARCHER MSA DEDUCTION PER COMPUTER:	\$0.00
TOTAL ADJUSTMENTS:	\$177.00
TOTAL ADJUSTMENTS PER COMPUTER:	\$177.00
ADJUSTED GROSS INCOME:	\$15,323.00
ADJUSTED GROSS INCOME PER COMPUTER:	\$15,323.00
Tax and Credits	
65-OR-OVER:	NO

#### Tax and Credits

65-OR-OVER:	NO
BLIND:	NO
SPOUSE 65-OR-OVER:	NO
SPOUSE BLIND:	NO
STANDARD DEDUCTION PER COMPUTER:	\$4,850.00
ADDITIONAL STANDARD DEDUCTION PER COMPUTER:	\$0.00
TAX TABLE INCOME PER COMPUTER:	\$10,473.00
EXEMPTION AMOUNT PER COMPUTER:	\$3,100.00
TAXABLE INCOME:	\$7,373.00
TAXABLE INCOME PER COMPUTER:	\$7,373.00
TOTAL POSITIVE INCOME PER COMPUTER:	\$15,500.00
TENTATIVE TAX:	\$749.00
TENTATIVE TAX PER COMPUTER:	\$749.00
FORM 8814 ADDITIONAL TAX AMOUNT:	\$0.00
TAX ON INCOME LESS SOC SEC INCOME PER COMPUTER:	\$0.00
FORM 6251 ALTERNATIVE MINIMUM TAX:	\$0.00
FORM 6251 ALTERNATIVE MINIMUM TAX PER COMPUTER:	\$0.00
FOREIGN TAX CREDIT:	\$0.00
FOREIGN TAX CREDIT PER COMPUTER:	\$0.00
FOREIGN INCOME EXCLUSION PER COMPUTER:	\$0.00
FOREIGN INCOME EXCLUSION TAX PER COMPUTER:	\$0.00
EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT AMOUNT:	\$0.00
EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT VERIFIED AMOUNT:	\$0.00
CHILD & DEPENDENT CARE CREDIT:	\$0.00
CHILD & DEPENDENT CARE CREDIT PER COMPUTER:	\$0.00
CREDIT FOR ELDERLY AND DISABLED:	\$0.00
CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:	\$0.00
EDUCATION CREDIT:	\$0.00
EDUCATION CREDIT PER COMPUTER:	\$0.00
GROSS EDUCATION CREDIT PER COMPUTER:	\$0.00
RETIREMENT SAVINGS CNTRB CREDIT:	\$0.00
RETIREMENT SAVINGS CNTRB CREDIT PER COMPUTER:	\$0.00
PRIM RET SAV CNTRB: F8880 LN6A:	\$0.00
SEC RET SAV CNTRB: F8880 LN6B:	\$0.00
TOTAL RETIREMENT SAVINGS CONTRIBUTION: F8880 CMPTR:	\$0.00
RESIDENTIAL ENERGY CREDIT:	\$0.00
RESIDENTIAL ENERGY CREDIT PER COMPUTER:	\$0.00
CHILD TAX CREDIT:	\$0.00
CHILD TAX CREDIT PER COMPUTER:	\$0.00
ADOPTION CREDIT: F8839:	\$0.00
ADOPTION CREDIT PER COMPUTER:	\$0.00

FORM 8396 MORTGAGE CERTIFICATE CREDIT:	\$0.00
FORM 8396 MORTGAGE CERTIFICATE CREDIT PER COMPUTER:	\$0.00
F3800, F8801 AND OTHER CREDIT AMOUNT:	\$0.00
FORM 3800 GENERAL BUSINESS CREDITS:	\$0.00
FORM 3800 GENERAL BUSINESS CREDITS PER COMPUTER:	\$0.00
PRIOR YR MIN TAX CREDIT: F8801:	\$0.00
PRIOR YR MIN TAX CREDIT: F8801 PER COMPUTER:	\$0.00
F8936 ELECTRIC MOTOR VEHICLE CREDIT AMOUNT:	\$0.00
F8936 ELECTRIC MOTOR VEHICLE CREDIT PER COMPUTER:	\$0.00
F8910 ALTERNATIVE MOTOR VEHICLE CREDIT AMOUNT:	\$0.00
F8910 ALTERNATIVE MOTOR VEHICLE CREDIT PER COMPUTER:	\$0.00
OTHER CREDITS:	\$0.00
TOTAL CREDITS:	\$0.00
TOTAL CREDITS PER COMPUTER:	\$0.00
INCOME TAX AFTER CREDITS PER COMPUTER:	\$749.00
Other Taxes	
SE TAX:	\$354.00
SE TAX PER COMPUTER:	\$354.00
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS:	\$0.00
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER:	\$0.00
TAX ON QUALIFIED PLANS F5329 (PR):	\$0.00
TAX ON QUALIFIED PLANS F5329 PER COMPUTER:	\$0.00
IRAF TAX PER COMPUTER:	\$0.00
TP TAX FIGURES (REDUCED BY IRAF) PER COMPUTER:	\$1,103.00
IMF TOTAL TAX (REDUCED BY IRAF) PER COMPUTER:	\$1,103.00
OTHER TAXES PER COMPUTER:	\$0.00
UNPAID FICA ON REPORTED TIPS:	\$0.00
OTHER TAXES:	\$0.00
RECAPTURE TAX: F8611:	\$0.00
HOUSEHOLD EMPLOYMENT TAXES:	\$0.00
HOUSEHOLD EMPLOYMENT TAXES PER COMPUTER:	\$0.00
HEALTH CARE RESPONSIBILITY PENALTY:	\$0.00
HEALTH CARE RESPONSIBILITY PENALTY VERIFIED:	\$0.00
HEALTH COVERAGE RECAPTURE: F8885:	\$0.00
RECAPTURE TAXES:	\$0.00
TOTAL ASSESSMENT PER COMPUTER:	\$1,103.00
TOTAL TAX LIABILITY TP FIGURES:	\$1,103.00
TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:	\$1,103.00

# Payments

FEDERAL INCOME TAX WITHHELD: \$	1,000.00
HEALTH CARE: INDIVIDUAL RESPONSIBILITY:	\$0.00
HEALTH CARE FULL-YEAR COVERAGE INDICATOR:	0
ESTIMATED TAX PAYMENTS:	\$0.00
OTHER PAYMENT CREDIT:	\$0.00
REFUNDABLE EDUCATION CREDIT:	\$0.00
REFUNDABLE EDUCATION CREDIT PER COMPUTER:	\$0.00
REFUNDABLE EDUCATION CREDIT VERIFIED:	\$0.00
EARNED INCOME CREDIT:	\$0.00
EARNED INCOME CREDIT PER COMPUTER:	\$0.00
EARNED INCOME CREDIT NONTAXABLE COMBAT PAY:	\$0.00

SCHEDULE 8812 NONTAXABLE COMBAT PAY:	\$0.00
EXCESS SOCIAL SECURITY & RRTA TAX WITHHELD:	\$0.00
SCHEDULE 8812 TOT SS/MEDICARE WITHHELD:	\$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT:	\$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER:	\$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED:	\$0.00
AMOUNT PAID WITH FORM 4868:	\$0.00
FORM 2439 REGULATED INVESTMENT COMPANY CREDIT:	\$0.00
FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS:	\$0.00
FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS PER COMPUTER:	\$0.00
HEALTH COVERAGE TX CR: F8885:	\$0.00
PREMIUM TAX CREDIT AMOUNT:	\$0.00
PREMIUM TAX CREDIT VERIFIED AMOUNT:	\$0.00
PRIMARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT.	\$0,00
SECONDARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT.	\$0.00
FIRST TIME HOMERIVER CREDIT REDAYMENT AMOUNT.	\$0.00
FIRST TIME NOMEDUTER CREDIT REFRIMENT AMOUNT.	\$0.00
COMPLEXED UPAL THEOREM INCLUDINCE DED COMPUTED.	\$0.00
SMALL EMPLOYED HEALTH INSURANCE PER COMPUTER.	\$0.00
EORM 2420 AND OFFICE COEDITIC:	\$0.00
FORM 2439 AND OTHER CREDITS:	\$0.00
TOTAL PAIMENTS:	\$1,000.00
TOTAL PAYMENTS PER COMPUTER:	\$1,000.00
Refund or Amount Owed	
AMOUNT YOU OWE.	\$103 00
APPLIED TO NEYT VEAR'S ESTIMATED TAY.	\$0.00
ESTIMATED TAX DENALTY.	\$0.00
TAY ON INCOME LESS STATE REFIND DER COMPUTER.	\$0.00
BAL DUF/OVER DVMT USING TO FIG DER COMPUTER.	\$0.00 \$103.00
DAL DUE/OVER TIMI OSING II FIG TER COMPUTER.	\$103.00
EAR DOE/OVER FIMI USING COMPUTER FIGURES.	00.00
FORM 8888 IUTAL REFOND PER COMPUTER:	ŞU.UU
Third Party Designee	
THIRD PARTY DESIGNEE TO NUMBER.	
AUTHORIZATION INDICATOR.	0
THIRD PARTY DESIGNEE NAME	Ŭ
Schedule CProfit or Loss From Business	
SOCIAL SECURITY NUMBER:	
EMPLOYER ID NUMBER:	
BUSINESS NAME:	
DESCRIPTION OF BUSINESS/PROFESSION:	DRAK
NAICS CODE:	000000
ACCT MTHD:	
FIRST TIME SCHEDULE C FILED:	Ν
STATUTORY EMPLOYEE IND:	Ν
TNONE	
GRUSS RECEIPTS OR SALES:	\$2,/00.00
RETURNS AND ALLOWANCES:	\$U.00
NET GROSS RECEIPTS:	\$0.00
COST OF GOODS SOLD:	\$0.00
SCHEDULE C FORM 1099 REQUIRED:	NONE

SCHEDULE C FORM 1099 FILED:	NONE
OTHER INCOME:	\$0.00
EXPENSES	
CAR AND TRUCK EXPENSES:	\$0.00
DEPRECIATION:	\$0.00
INSURANCE (OTHER THAN HEALTH):	\$0.00
MORTGAGE INTEREST:	\$0.00
LEGAL AND PROFESSIONAL SERVICES:	\$0.00
REPAIRS AND MAINTENANCE:	\$0.00
TRAVEL:	\$0.00
MEALS AND ENTERTAINMENT:	\$0.00
WAGES:	\$0.00
OTHER EXPENSES:	\$0.00
TOTAL EXPENSES:	\$200.00
EXP FOR BUSINESS USE OF HOME:	\$0.00
SCH C NET PROFIT OR LOSS PER COMPUTER:	\$2,500.00
AT RISK CD:	
OFFICE EXPENSE AMOUNT:	\$0.00
UTILITIES EXPENSE AMOUNT:	\$0.00
COST OF GOODS SOLD	
INVENTORY AT BEGINNING OF YEAR:	\$0.00
INVENTORY AT END OF YEAR:	\$0.00
Schedule SESelf-Employment Tax	
SSN OF SELF-EMPLOYED TAXPAYER:	XXX-XX-5084
NET FARM PROFIT/LOSS: SCH F:	\$0.00
CONSERVATION RESERVE PROGRAM PAYMENTS:	\$0.00
NET NONFARM PROFIT/LOSS:	\$2,500.00
TOTAL SE INCOME:	\$2,500.00
SE QUARTERS COVERED:	4
TOTAL SE TAX PER COMPUTER:	\$353.12
SE INCOME COMPUTER VERIFIED:	\$0.00
SE INCOME PER COMPUTER:	\$2,308.00
TOTAL NET EARNINGS PER COMPUTER:	\$2,308.00
LONG FORM ONLY	
TENTATIVE CHURCH EARNINGS:	\$0.00
TOTAL SOC SEC & RR WAGES:	\$0.00
SE SS TAX COMPUTER:	\$286.19
SE MEDICARE INCOME PER COMPUTER:	\$2,308.00
SE MEDICARE TAX PER COMPUTER:	\$66.93
SE FARM OPTION METHOD USED:	
	0

# Form 8863 - Education Credits (Hope and Lifetime Learning Credits)

PART	III -	ALLO	OWABLE	EDUCATION	CREDITS	
GROSS	EDUCAT	ION	CR PER	COMPUTER:	\$	0.00
TOTAL	EDUCAT	ION	CREDIT	AMOUNT:	Ş	0.00
TOTAL	EDUCAT	ION	CREDIT	AMOUNT PER	COMPUTER: \$	0.00
				This Produc	ct Contains Sensitive Taxpayer Data	

Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 04-08-2016 Response Date: 04-08-2016 Tracking Number:

Wage and Income Transcript

SSN Provided: Tax Period Requested: December, 2013

023898

Form W-2 Wage and Tax Statement

Employer: Employer Identification Number (EIN):

Employee: Employee's Social Security Number:

Submission Type:Original document Wages, Tips and Other Compensation: Federal Income Tax Withheld: Social Security Wages: Social Security Tax Withheld: Medicare Wages and Tips: Medicare Tax Withheld: Social Security Tips: Allocated Tips: Dependent Care Benefits: Deferred Compensation: Code "Q" Nontaxable Combat Pay: Code "W" Employer Contributions to a Health Savings Account: Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation
plan:
Retirement Plan Indicator:



#### **Request for Transcript of Tax Return**

▶ Do not sign this form unless all applicable lines have been completed.

Request may be rejected if the form is incomplete or illegible.

For more information about Form 4506-T, visit www.irs.gov/form4506t.

Tip: Get faster service: Online at www.irs.gov, Get Your Tax Record (Get Transcript) or by calling 1-800-908-9946 for specialized assistance. We have teams available to assist. Note: Taxpayers may register to use Get Transcript to view, print, or download the following transcript types: Tax Return Transcript (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), Tax Account Transcript (shows basic data such as return type, marital status, AGI, taxable income and all payment types), Record of Account Transcript (combines the tax return and tax account transcripts into one complete transcript), Wage and Income Transcript (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and Verification of Non-filing Letter (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)			
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return			
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)				
4 Previous address shown on the last return filed if different from line 3 (see instructions)				

5 Customer file number (if applicable) (see instructions)

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See What's New under Future Developments on Page 2 for additional information.

- Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form 6 number per request.
- Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect а changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days
- Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty b assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days
- Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account С Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days . . . . .
- Verification of Nonfiling, which is proof from the IRS that you did not file a return for the year. Current year requests are only available 7 after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days .
- Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from 8 these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

Year or period requested. Enter the end date of the tax year or period requested in mm/dd/yyyy format. This may be a calendar year, fiscal g year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12/31/2018 for a calendar year 2018 Form 1040 transcript. 1 1 1 1 1 1

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. Note: This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.			Phone number of taxpayer on line 1a or 2a
	Signature (see instructions)	Date	
Sign			
Here	<b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	
For Drive	acy Act and Paperwork Reduction Act Notice, see page 2	Cat No. 27667N	Eorm <b>4506-T</b> (Bey, 6-2023)

OMB No. 1545-1872

Section references are to the Internal Revenue Code unless otherwise noted.

#### **Future Developments**

For the latest information about Form 4506-T and its instructions, go to *www.irs.gov/form4506t*. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

The filing location for the Form 4506-T has changed. Please see Chart for individual transcripts or Chart for all other transcripts for the correct mailing location.

What's New. As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVEs participant or become an IVES participant themselves. For additional information about the IVES program, go to www.irs.gov and search IVES.

#### **General Instructions**

Caution: Do not sign this form unless all applicable lines have been completed.

**Purpose of form.** Use Form 4506-T to request tax return information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

**Note:** If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Customer File Number. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart shows two different addresses, send your request to the address based on the address of your most recent return.

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822 B, Change of Address or Responsible Party — Business.

Line 5. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number <u>should not</u> contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "9999999999" on the transcript. Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked. Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer. Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 10 min.; Preparing the form, 12 min.; and Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service

Tax Forms and Publications Division 1111 Constitution Ave. NW, IR-6526

Washington, DC 20224

Do not send the form to this address. Instead, see Where to file on this page.

#### Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, a foreign country, American Samoa,	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301
Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	855-587-9604
Delaware, Illinois, Indiana,	Internal Revenue Service
Iowa, Kentucky, Maine, Massachusetts, Minnesota	RAIVS Team Stop 6705 S-2
Missouri, New Hampshire, New Jersey, New York,	Kansas City, MO 64999
Vermont, Virginia, Wisconsin	855-821-0094
Alaska, Arizona, California, Colorado, Connecticut, District	Internal Revenue Service RAIVS Team
of Columbia, Hawaii, Idaho,	P.O. Box 9941
Kansas, Maryland, Michigan,	Mail Stop 6734
New Mexico, North Dakota, Ohio, Oregon, Pennsylvania	Ogden, 01 84409
Rhode Island, South Dakota, Utah, Washington, West Virginia, Wyoming	855-298-1145
Chart for all othe	r transcripts
If you lived in	
or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona,	Internal Revenue Service
Colorado, Florida, Hawaii,	P.O. Box 9941
111 I I I I I I I I I I I I I I I I I I	

Idaho, Iowa, Kansas Mail Stop 6734 Louisiana, Minnesota, Ogden, UT 84409 Mississippi, Missouri, Montana Nebraska Nevada New Mexico, North Dakota, 855-298-1145 Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands the U.S. Virgin Islands, A.P.O. or F.P.O. address

Connecticut, Delaware, Internal Revenue Service District of Columbia, **RAIVS** Team Georgia, Illinois, Indiana, Stop 6705 S-2 Kansas City, MO 64999 Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North 855-821-0094 Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee Vermont, Virginia, West Virginia, Wisconsin

# **Attachment 3**

· · · · · · · · · · · · · · · · · · ·	1								
22222         a Employee's social security number           111-11-1111         OMB No				5-000	8				
<b>b</b> Employer identification number (	EIN)			1	Wages, tips, oth	er compensation	2 Feder	al income t	ax withheld
99-9999999					106000.	00	14	000.00	
c Employer's name, address, and	ZIP code			3	Social security	wages	4 Socia	l security ta	x withheld
Employer Neme Inc					118500.	.00		7347.00	
Employer Name, Inc.				5	Medicare wage	es and tips	6 Media	are tax wit	nheld
1234 Main Street					128000	.00		1856.00	
Anycity, TX 76543				7	Social security	tips	8 Alloca	ated tips	
d Control number				9			10 Depe	ndent care	benefits
e Employee's first name and initial	Last nan	ne	Suff.	11	Nonqualified p	lans	12a		
Ellen L	Emplo	vee					<sup>o</sup> d W	7500	.00
	Linpio	,		13	Statutory Retii employee plan	rement Third-party sick pay	12b		
•							DD	11000	.00
				14 (	Other		12c		
567 Pine Street							D d	22000	.00
Anytown TX 78910							12d		
							o d e		
f Employee's address and ZIP coc	le								
15 State Employer's state ID num	ıber	16 State wages, tips, etc.	17 State incor	ne tax	18 Local v	vages, tips, etc.	19 Local inco	ome tax	20 Locality name
MI 🕤 Wage an	d Tax	_	י בטו	-		Department of	of the Treasur	y-Internal	Revenue Service
Form <b>VV</b> <sup>-</sup> <b>L</b> Stateme	nt		:UЪЪ	]					

Copy 1-For State, City, or Local Tax Department

Details regarding Ellen Employee's 2015 earnings and W-2:

Ellen is a high earner, earning more than the maximum wages subject to Social Security taxes. She and her employer share the cost of her family's health insurance. She has a health savings account (HSA) to which her employer makes contributions. She contributes to a 401(K) to which her employer also contributes. She is over 50, and so can contribute "catch-up" amounts in both her HSA and her 401(K). She receives periodic bonuses.

Gross pay	\$140,000	not on W-2
Less: health insurance paid by Ellen	(\$5,000)	not on W-2
Less: health savings account contributions made by Ellen	(\$7,000)	not on W-2
Medicare wages and tips	\$128,000	W-2 Box 5
Less: 401(K) contributions made by Ellen	(\$22,000)	W-2 Box 12 Code D
Wages, tips, other compensation	\$106,000	W-2 Box 1
Other amounts which appear on Ellen's W-2:		
Federal income tax withheld	\$14,000	W-2 Box 2
Social security wages - maximum for 2015	\$118,500	W-2 Box 3
Social security tax withheld (6.2% of Social security wages)	\$7,347	W-2 Box 4
Medicare tax withheld (1.45% of Medicare wages)	\$1,856	W-2 Box 6
Retirement plan checked: Ellen participates in Employer's plan		
HSA: total contributions by both Ellen and Employer	\$7,500	W-2 Box 12 Code W
Insurance: total paid by both Ellen and Employer	\$11,000	W-2 Box 12 Code DD
What we don't know from Ellen's W-2:		
Gross wages, pay rate, amount of regular pay and amount of bom	uses	
HSA: split between Ellen's contributions and Employer's contribu	tions	
Insurance: split between Ellen's payments and Employer's payme	ents	
401(K): Employer's match, % or amount		

	222-22-2222	OMB No. 1545-	0008				
mployer identification number ( 99-99999999	EIN)		1 Wages, tips, other compensation         2           50000.00         2		2 Federal incom 2300.0	2 Federal income tax withheld 2300.00	
mployer's name, address, and	ZIP code		<b>3</b> Social security wages		4 Social security tax withheld		
Employer Name, Inc.		_	50000.00	ns	3100.0	0 withheld	
1234 Main Street			50000.00	μo	725.0	0	
Anycity, TX 76543		_	7 Social security tips		8 Allocated tips		
Control number			9		10 Dependent ca	re benefits	
mployee's first name and initial	Last name	Suff. 1	1 Nonqualified plans		12a		
Steven R	Staff		Statutory Retirement	Third-party	B DD 110	00.00	
			employee plan	sick pay			
		1	I4 Other		12c		
89 Road Ave.					C o d e		
Anycity, TX 76540					12d		
mplovee's address and 7IP cod	le				d e		
tate Employer's state ID num	nber <b>16</b> State wages, tips, e	etc. 17 State income	tax <b>18</b> Local wages, tip	s, etc.	19 Local income tax	20 Locality na	
1							
y 1-For State, City, or Lo Details regarding Steven Steven's W-2 show	cal Tax Department n Staff's 2015 earnings and ws identical amounts for al	1 W-2: 1 three types of w	vages (Boxes 1, 3, 5	5): Wa	ges (subject to		
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y 1-For State, City, or Loo Details regarding Steven Steven's W-2 show income tax), Social compensation. He insurance. He doe Gross pay Less: health insura Medicare wages a Social security wa Wages, tips, other Other amounts wh Federal income tax Social security tax Medicare tax with Insurance: total pa What we don't know Gross wages, pay	an Staff's 2015 earnings and ws identical amounts for all l security, and Medicare. e occasionally works overt es not participate in the En- ance paid by Steven and tips ges compensation ich appear on Steven's W- x withheld withheld (6.2% of Social held (1.45% of Medicare v aid by both Steven and Em- ow from Steven's W-2: rate, amount of regular pa	1 W-2: 1 three types of w Steven receives 1 ime. He and his ployer's 401(K). -2: security wages) wages) ployer y and amount of	vages (Boxes 1, 3, 5 hourly pay and has employer share the \$55,000 (\$5,000) \$50,000 \$50,000 \$3,100 \$725 \$11,000 overtime	5): Wa no othe cost of not W-2 W-2 W-2 W-2 W-2	ges (subject to er form of f his family's ho on W-2 2 Box 5 2 Box 5 2 Box 3 2 Box 1 2 Box 2 2 Box 4 2 Box 6 2 Box 12 Code	DD	
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# **Attachment 4**

9595			CTED		
PAYER'S name, street address, city of	r town, state or provinc	e, country, ZIP	1 Rents	OMB No. 1545-0115	
or foreign postar code, and telephone	110.		\$	Form <b>1099-MISC</b>	Miscellaneous
			2 Royalties	(Rev. January 2024)	Information
				For calendar year	
			\$		
			3 Other income	4 Federal income tax withheld	Copy A
			\$	\$	For
PAYER'S TIN	RECIPIENT'S TIN		5 Fishing boat proceeds	6 Medical and health care payments	Internal Revenue
			\$	\$	File with Form 1096
RECIPIENT'S name				8 Substitute payments in lieu	For Privacy Act
			totaling \$5,000 or more of	of dividends or interest	and Paperwork
			recipient for resale	\$	Reduction Act
Street address (including apt. no.)			9 Crop insurance proceeds	10 Gross proceeds paid to an	Notice, see the
				attorney	current General
			\$	\$	Instructions for
City or town, state or province, count	ry, and ZIP or foreign po	stal code	<b>11</b> Fish purchased for resale	12 Section 409A deferrals	
					Returns.
			\$	\$	_
		13 FATCA filing requirement	14 Excess golden parachute payments	15 Nonqualified deferred compensation	
			¢	•	
Account number (see instructions)		2nd TIN not	↓ 16 State tax withhold	Φ 17 State/Payor's state po	19 State income
			\$	ayer s state 10.	\$
			\$	+	-+ <u>*</u>
Form <b>1099-MISC</b> (Rev. 1-2024)	Cat. No. 14425J	www	.irs.gov/Form1099MISC	Department of the Treasury	- Internal Revenue Service

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7171			CTED					
PAYER'S name, street address, city of or foreign postal code, and telephone	or town, state or province, e no.	country, ZIP		OMB No. 1545-0116 Form <b>1099-NEC</b> (Rev. January 2024) For calendar year	Nonemployee Compensation			
PAYER'S TIN	RECIPIENT'S TIN		1 Nonemployee comper \$	1 Nonemployee compensation \$				
RECIPIENT'S name			2 Payer made direct sa consumer products to	Service Center           File with Form 1096.				
			3	For Privacy Act and				
Street address (including apt. no.)				Notice, see the <b>current</b>				
City or town, state or province, count	ry, and ZIP or foreign pos	tal code	4 Federal income tax w \$	ithheld	General Instructions for Certain Information Returns.			
			5 State tax withheld	6 State/Payer's state no.	7 State income			
Account number (see instructions)		2nd TIN not	.]\$		\$			
			\$		\$			

 Form
 1099-NEC (Rev. 1-2024)
 Cat. No. 72590N
 www.irs.gov/Form1099NEC
 Department of the Treasury - Internal Revenue Service

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 Do Not Cut or Separate Forms on This Page
 Department of the Treasury - Internal Revenue Service

SCHEDULE	С
(Form 1040)	

# Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 2023

1040-SB, 1040-SS, 1040-NB, or 1041; part chine must con

Departr Internal	nent of the Treasury Revenue Service	Attach to For G	m 1040 io to <i>w</i> i	, 1040-SR, 1040-SS, 1040-N ww.irs.gov/ScheduleC for	R, or 10 r instru	041; partnerships must generally f Ictions and the latest informatio	ile Fo n.	rm 1065.	A	ttachi equei	ment nce No.	. 09
Name	of proprietor						S	ocial sec	urity	nun	nber (S	SSN)
A	Principal busines	s or professio	on, inclu	iding product or service (se	e instru	uctions)	В	Enter co	de fro	om in	structi	ons
С	Business name. I	f no separate	busine	ss name, leave blank.			D	Employe	r ID ni	umbe	r (EIN)	(see instr.)
E	Business address	s (including su	uite or r	oom no.)				:				
	City, town or pos	t office, state	, and Z	IP code								
F	Accounting meth	iod: (1)	Cash	(2) 🗌 Accrual (3	s) 🗌	Other (specify)						
G	Did you "materia	lly participate	" in the	operation of this business	during	2023? If "No," see instructions for	r limit	t on losse	s.		Yes	🗌 No
н	If you started or a	acquired this	busines	s during 2023, check here								
I	Did you make an	y payments ir	n 2023 <sup>-</sup>	that would require you to fil	le Form	n(s) 1099? See instructions					Yes	🗌 No
J	If "Yes," did you	or will you file	e require	ed Form(s) 1099?							Yes	No No
Par	Income											
1	Gross receipts or Form W-2 and th	r sales. See ir e "Statutory e	nstructio employ	ons for line 1 and check the ee" box on that form was c	e box if heckeo	this income was reported to you	on ]	1				
2	Returns and allow	wances					•	2				
3	Subtract line 2 fro	om line 1 .					•	3				
4	Cost of goods so	old (from line 4	42) .				•	4				
5	Gross profit. Sul	btract line 4 f	rom line		• •		•	5				
6	Other income, inc	cluding federa	al and s	tate gasoline or fuel tax cre	edit or i	refund (see instructions)	·	6				
/ Dart	Gross income. A	Add lines 5 an	106	for business use of w	 		•	1				
o	Advortising	3. LINE EN				Office expense (see instructions	)	10				
0	Advertising				19	Pension and profit-sharing plan	, ·	19				
9	(see instructions)	expenses	9		20	Bent or lease (see instructions):	· ·	15				
10	Commissions and	d fees	10		a	Vehicles, machinery, and equipme	ent	20a				
11	Contract labor (see	instructions)	11		b	Other business property	.	20b				
12	Depletion		12		21	Repairs and maintenance .	. [	21				
13	Depreciation and	section 179			22	Supplies (not included in Part III	).[	22				
	expense deduc included in Par	rtion (not rt III) (see			23	Taxes and licenses	. [	23				
	instructions) .		13		24	Travel and meals:						
14	Employee benefi	t programs			а	Travel		24a				
	(other than on line	e19).	14		b	Deductible meals (see instruction	าร)	24b				
15	Insurance (other t	than health)	15		25	Utilities	•	25				
16	Interest (see instr	ructions):			26	Wages (less employment credit	s)	26				
a	Mortgage (paid to	banks, etc.)	16a		27a	Other expenses (from line 48).	•	27a				
b 47	Other	· · ·	160		b	Energy efficient commercial blo	gs	074				
- 17	Tetal expenses	boforo ovpon	non for	husiness use of home. Add	l lines !	deduction (attach Form 7203) .	•	2/0				
20	Tentative profit o	r (loss) Subtr	ses ioi act line	28 from line 7			•	20				
30	Expenses for bu	siness use o	of your	home. Do not report these	e expe	nses elsewhere. Attach Form 88	29					
	Simplified metho	od filers only	r: Fnter	the total square footage of	(a) vou	ır home:						
	and (b) the part of	of your home	used fo	r business:	(-, )	. Use the Simplified						
	Method Workshe	et in the instr	ructions	to figure the amount to en	ter on l	line 30		30				
31	Net profit or (los	ss). Subtract I	line 30 t	from line 29.			Ī					
	• If a profit, enter checked the box	r on both <b>Sch</b> on line 1, see	edule 1 e instruc	(Form 1040), line 3, and o ctions.) Estates and trusts,	on <b>Sch</b> enter o	edule SE, line 2. (If you )		31				
	• If a loss, you <b>m</b>	ust go to line	e 32.				L	· · ·			-	-
32	If you have a loss	s, check the b	ox that	describes your investment	in this	activity. See instructions.						
	• If you checked SE, line 2. (If you Form 1041, line	32a, enter the checked the <b>3.</b>	e loss o box on	n both Schedule 1 (Form 1 line 1, see the line 31 instruct	<b>1040),</b> ctions.)	line 3, and on Schedule Estates and trusts, enter on		32a 🗌 /	All inv Some at risl	vestn e inve k.	nent is estmer	at risk. nt is not

• If you checked 32b, you must attach Form 6198. Your loss may be limited.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedu	e C (Form 1040) 2023			Page <b>2</b>
Part	II Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: <b>a</b> $\square$ Cost <b>b</b> $\square$ Lower of cost or market <b>c</b> $\square$ Other (at	ach e	xolanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing invent If "Yes," attach explanation	ory?	. 🗌 Yes	🗌 No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car o are not required to file Form 4562 for this business. See the instructions for line Form 4562.	truc 13 to	k expenses on find out if you	line 9 and must file
43 44	When did you place your vehicle in service for business purposes? (month/day/year) / / Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your	vehic	le for:	
a		Other		
45	Was your vehicle available for personal use during off-duty hours?		🗌 Yes	🗌 No
46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	🗌 No
47a	Do you have evidence to support your deduction?		🗌 Yes	🗌 No
b	If "Yes," is the evidence written?		🗌 Yes	No No
Part	<b>Other Expenses.</b> List below business expenses not included on lines 8–26, line	270	, or line 30.	
48	Total other expenses Enter here and on line 27a	48		

# **Attachment 5**

# Researching Wage Information Using the Dictionary of Occupational Titles

The first step in obtaining the statistical wages for a specific job is to use the Dictionary of Occupational Titles (DOT) to determine the proper Standard Occupational Classification (SOC) code. This is done by accessing the DOT at <u>https://occupationalinfo.org/</u> and performing a search for the job of interest.

For example, if we are interested in analyzing the earnings of a welder-fitter, we will type welder-fitter into the search bar and select the proper job from the search results, which will bring us to the following screen:



Next, we will click on "Welder-Fitters" to obtain the representative SOC code and job title needed to determine the wage statistics from the U.S. Department of Labor Bureau of Labor Statistics (BLS). The proper SOC code and job title can be found at the bottom of the page.

CROSSWALKS: www.theodora. DOT91 (Dictionary of Occupational Titles):	Com 819361014 Welder-Fitter Apprentice 819381010 Welder-Assembler 819361010 Welder-Fitter 819281022 Welder, Experimental 819281010 Lead Burner 819281014 Lead-Burner Apprentice	
Www.geographic.org AIM97 (Apprenticeship Information Management):	0274 LEAD BURNER 0627 WELDER-FITTER	
CEN90 (1990 Census Occupations):	783 Welders and Cutters	
CIP90 (Classification of Instructional Programs):	480508 Welder/Welding Technologist	
GOE93 (Guide for Occupational Exploration):	050506 Craft Technology: Metal Fabrie	cation and Repair
MOC97 (Military Occupational Codes):	SW Steelworkers 2A731 Aircraft Metals Technology 2A751 Aircraft Metals Technology	
OES98 (Occupational Employment Statistics):	93914 Welders and Cutters	
OPM97 (Office of Personnel Management Occupations): WWW.C	3716 Leadburning 3703 Welding 3702 Flame/Arc Cutting	www.occupationalir
SOC98 (Standard Occupational Classification):	51-4121 Welders, Cutters, Solderers, ationalinfo.org	and Brazers

In this instance, we will search the BLS website for the SOC code: 51-4121 and job title: welders, cutters, solderers, and brazers.

The BLS earnings statistics for specific jobs can be accessed at https://www.bls.gov/bls/blswage.htm. This website will bring the expert to the following webpage:



Bureau of Labor Statistics

#### Overview of BLS Wage Data by Area and Occupation

BLS wage data are available by occupation for the nation, regions, states, and many metropolitan and nonmetropolitan areas.

#### National Wage Data

- For over 800 occupations. Data are classified using the Standard Occupational Classification (SOC) System.
- Data by job characteristics and the level of difficulty and complexity of work.
- For about 400 industries. Occupational wage data for sector, 3-, 4- and 5-digit North American Industry Classification System (NAICS) industries.
- Data by occupation and gender Data for men and for women in 200 occupations.

#### Wage Data by State

- By state. 50 states plus District of Columbia, Guam, Puerto Rico, and Virgin Islands.
- Data by job characteristics and the level of difficulty and complexity of work. (Guam, Puerto Rico, and Virgin Islands excluded).

#### Wage Data by Metropolitan Area

- For 395 metropolitan statistical areas (MSAs) and over 130 nonmetropolitan areas. (MSAs consist of one or more counties (or towns and cities in New England) and contain
  a core area with a substantial population that has a high degree of economic and social integration with the surrounding areas; also, an MSA must have at least one
  urbanized area of 50,000 or more inhabitants. Certain MSAs have subdivisions called metropolitan divisions.
- · Data by job characteristics and the level of difficulty and complexity of work. (Guam, Puerto Rico, and Virgin Islands excluded).

BLS wage data by area and occupation are from the National Compensation Survey, Occupational Employment Statistics Survey, or the Current Population Survey.

Other BLS programs that publish wage data (though not by detailed occupation) are <u>Employment Cost Trends</u>, <u>Current Employment Statistics</u>, and <u>Quarterly Census</u> of <u>Employment and Wages</u>.

#### **BLS** Overviews

Business Costs | Demographic Data | Employment | Geography | Industry | Inflation and Prices | International Data and Technical Cooperation | Occupation | Pay and Benefits | Productivity | Research Programs | Spending and Time Use | Unemployment | Wages by Area and Occupation | Women Workers | Worker Safety and Health

From this page we can search for the statistical wages for a welder-fitter based on location. If the welder-fitter worked construction jobs throughout the country, the expert will typically select "National Wage Data." For a welder-fitter who traveled throughout their respective state to work, the expert will select "Wage Data by State." For this example, the welder-fitter primarily worked in the Dallas, TX area, so the next step is to select "Wage Data by Metropolitan Area." From there, locate the proper Metropolitan Statistics Area (MSA), which in this case is "Dallas-Fort Worth-Arlington, TX," and select it, which will bring up the following page:

Bureau of Labor Statistics > Occupational Employment and Wage Statistics									
Occupational	Employment and V	Vage Statistics			Search Occupational Em GO				
OEWS Home	OEWS Publications -	OEWS Data 🛨	OEWS Methods -	About OEWS <del>-</del>	Contact OEWS				
May 2022 Me	tropolitan and Non	metropolitan A	rea Occupationa	al Employment	and Wage				
Estimates									
Dallas Fort Worth Arlington TV									
Dallas-Fort worth-Arlington, IX									
For metropolitan and no	onmetropolitan area definitions use	d by the OEWS survey, se	ee the metropolitan and nonn	netropolitan area definitior	<u>is</u> page.				
These estimates are cal	culated with data collected from er	mployers in all industry se	ctors in Dallas-Fort Worth-Ar	lington, TX, a metropolitan	statistical area in Texas.				
Additional information,	ncluding the hourly and annual 10	th, 25th, 75th, and 90th µ	percentile wages and the emp	ployment percent relative s	standard error, is available				
in the <u>downloadable XL</u>	<u>3 file</u> .								
Links to OEWS estimate	s for other areas and states								
Major Occupational Gro	.ips in Dallas-Fort Worth-Arlington,	IX (Noteclicking a link	will scroll the page to the oc	cupational group):					
<ul> <li>00-0000 <u>All Occupa</u></li> <li>11-0000 <u>Manageme</u></li> </ul>	tions ent Occupations								
<ul> <li>13-0000 <u>Business a</u></li> </ul>	nd Financial Operations Occupations	i							
<ul> <li>15-0000 <u>Computer</u></li> <li>17-0000 <u>Architectu</u></li> </ul>	and Mathematical Occupations								
<ul> <li>19-0000 Life, Physic</li> </ul>	al, and Social Science Occupations								
<ul> <li>21-0000 <u>Communit</u></li> <li>23-0000 Legal Occu</li> </ul>	y and Social Service Occupations nations								
<ul> <li>25-0000 <u>Education</u></li> </ul>	al Instruction and Library Occupation	<u>s</u>							
<ul> <li>27-0000 <u>Arts, Desig</u></li> </ul>	n, Entertainment, Sports, and Media	Occupations							
<ul> <li>29-0000 <u>Healthcare</u></li> <li>21 0000 Healthcare</li> </ul>	Practitioners and Technical Occupat	tions							
<ul> <li>31-0000 <u>Healthcare</u></li> <li>33-0000 Protective</li> </ul>	Service Occupations								
<ul> <li>35-0000 Food Prep.</li> </ul>	aration and Serving Related Occupati	ons							
<ul> <li>37-0000 <u>Building an</u></li> </ul>	nd Grounds Cleaning and Maintenand	e Occupations							
<ul> <li>39-0000 Personal C</li> </ul>	are and Service Occupations								
<ul> <li>41-0000 Sales and I</li> </ul>	Related Occupations								
<ul> <li>43-0000 <u>Office and</u></li> </ul>	Administrative Support Occupations								
<ul> <li>45-0000 <u>Farming, F</u></li> <li>47.0000 Construct</li> </ul>	shing, and Forestry Occupations								
<ul> <li>47-0000 <u>construction</u></li> <li>49-0000 Installation</li> </ul>	Maintenance and Repair Occupations	2005							
<ul> <li>51-0000 Production</li> </ul>	Occupations	<u></u>							
<ul> <li>53-0000 <u>Transporta</u></li> </ul>	tion and Material Moving Occupation	15							
• 53-0000 Transporta	tion and Material Moving Occupation	<u>15</u>							

To sort this table by a different column, click on the column header

Specific jobs are broken up into Major Occupational Groups, which are represented by the first two digits of the SOC code. Here, we will select the Major Occupational Group associated with 51-0000 which is listed as "Production Occupations." Next, locate the proper job based on the full SOC code of 51-4121 and the job title "welders, cutters, solderers, and brazers."

Occupation code	Occupation title (click on the occupation title to view its profile)	Level	Employment	Employment RSE	Employment per 1,000 jobs	Location quotient	Median hourly wage	Mean hourly wage	Annual mean wage	Mean wage RSE
51-4021	<u>Setters, Operators, and Tenders,</u> <u>Metal and Plastic</u>	detail	1,260	19.0%	0.331	0.77	\$17.80	\$19.10	\$39,730	1.9%
51-4022	<u>Forging Machine Setters,</u> <u>Operators, and Tenders, Metal and</u> <u>Plastic</u>	detail	130	19.9%	0.035	0.48	\$18.67	\$19.85	\$41,290	2.4%
51-4023	Rolling Machine Setters, Operators, and Tenders, Metal and Plastic	detail	470	31.4%	0.125	0.66	\$17.34	\$20.43	\$42,500	7.1%
51-4031	<u>Cutting, Punching, and Press</u> <u>Machine Setters, Operators, and</u> <u>Tenders, Metal and Plastic</u>	detail	4,000	5.8%	1.052	0.85	\$18.07	\$19.21	\$39,950	0.8%
51-4032	<u>Drilling and Boring Machine Tool</u> <u>Setters, Operators, and Tenders,</u> <u>Metal and Plastic</u>	detail	110	31.7%	0.029	0.67	\$17.80	\$18.47	\$38,420	12.0%
51-4033	Grinding, Lapping, Polishing, and Buffing Machine Tool Setters, Operators, and Tenders, Metal and Plastic	detail	800	8.0%	0.211	0.42	\$17.98	\$19.12	\$39,760	2.8%
51-4034	Lathe and Turning Machine Tool Setters, Operators, and Tenders, Metal and Plastic	detail	220	13.9%	0.059	0.45	\$20.31	\$20.85	\$43,360	3.7%
51-4035	<u>Milling and Planing Machine</u> <u>Setters, Operators, and Tenders,</u> <u>Metal and Plastic</u>	detail	150	14.9%	0.038	0.37	\$19.48	\$25.33	\$52,680	7.1%
51-4041	<u>Machinists</u>	detail	4,360	6.3%	1.145	0.53	\$24.00	\$26.34	\$54,780	2.3%
51-4051	<u>Metal-Refining Furnace Operators</u> and Tenders	detail	120	21.3%	0.032	0.25	\$18.40	\$21.16	\$44,020	1.4%
51-4052	Pourers and Casters, Metal	detail	40	7.9%	0.010	0.25	\$23.78	\$25.63	\$53,320	2.6%
51-4061	Model Makers, Metal and Plastic	detail	40	20.8%	0.010	0.42	\$36.84	\$33.19	\$69,030	9.8%
51-4071	Foundry Mold and Coremakers	detail	110	20.2%	0.030	0.39	\$15.26	\$17.65	\$36,720	6.3%
51-4072	<u>Molding, Coremaking, and Casting</u> <u>Machine Setters, Operators, and</u> <u>Tenders, Metal and Plastic</u>	detail	2,420	12.6%	0.636	0.57	\$15.47	\$17.06	\$35,480	2.9%
51-4081	<u>Multiple Machine Tool Setters,</u> <u>Operators, and Tenders, Metal and</u> <u>Plastic</u>	detail	2,280	10.1%	0.600	0.65	\$17.60	\$18.59	\$38,670	2.4%
51-4111	Tool and Die Makers	detail	470	6.4%	0.125	0.30	\$28.86	\$30.11	\$62,620	1.8%
51-4121	<u>Welders, Cutters, Solderers, and</u> <u>Brazers</u>	detail	9,910	3.1%	2.605	0.94	\$22.70	\$24.42	\$50,800	1.1%

Once the proper SOC code and job title is located, the expert can find the median wages for a welder-fitter in the Dallas, TX metropolitan area. If the expert wants more detailed wage information, they can select the job to bring up the following page:

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#### Occupational Employment and Wages, May 2022

#### 51-4121 Welders, Cutters, Solderers, and Brazers

Use hand-welding, flame-cutting, hand-soldering, or brazing equipment to weld or join metal components or to fill holes, indentations, or seams of fabricated metal products.

National estimates for Welders, Cutters, Solderers, and Brazers Industry profile for Welders, Cutters, Solderers, and Brazers Geographic profile for Welders, Cutters, Solderers, and Brazers

#### National estimates for Welders, Cutters, Solderers, and Brazers:

Employment estimate and mean wage estimates for Welders, Cutters, Solderers, and Brazers:

Employment <u>(1)</u>	Employment RSE <u>(3)</u>	Mean hourly wage	Mean annual wage <u>(2)</u>	Wage RSE <u>(3)</u>	
408,990	1.2 %	\$ 24.26	\$ 50,460	0.2 %	

Percentile wage estimates for Welders, Cutters, Solderers, and Brazers:

Percentile	10%	25%	50% (Median)	75%	90%
Hourly Wage	\$ 17.01	\$ 18.98	\$ 22.86	\$ 27.93	\$ 33.05
Annual Wage (2)	\$ 35,380	\$ 39,480	\$47,540	\$ 58,100	\$ 68,750

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