Pay date:

7/18/2008 7/25/2008

JOHN STILES 101 MAIN STREET ANYTOWN, USA 12345

TO \$10.00 PER HOUR.

ANY COMPANY CORP. 475 ANY AVENUE

ANYTOWN, USA 10101

Social Security Number: 987-65-4321 Taxable Marital Status: Married Exemptions/Allowances: Federal: 3, \$25 Additional Tax

State: 2 Local: 2

Earnings rate hours this period year to date Regular 10.00 32.00 320.00 16.640.00 Overtime 15.00 1.00 15.00 780.00 4,160.00 Holiday 10.00 8.00 80.00 Tuition 37.43\* 1,946.80 **Gross Pay** \$ 452.43 23,526,80

Deductions

Statutory	100	
Federal Income Tax	- 40.60	2,111.20
Social Security Tax	- 28.05	1,458.60
Medicare Tax	- 6.56	341.12
NY State Income Tax	- 8.43	438.36
NYC Income Tax	- 5.94	308.88
NY SUI/SDI Tax	- 0.60	31.20
Other		
Bond	- 5.00	100.00
401(k)	- 28.85*	1,500.20
Stock Plan	-15.00	150.00
Life Insurance	- 5.00	50.00
Loan	- 30.00	150.00
Adjustment		
Life Incurance	. 12 EO	

\$ 291.90

\* Excluded from federal taxable wages

**Net Pay** 

Your federal wages this period are \$386.15

Other Benefits and Information this period total to date Group Term Life 27.00 0.51 Loan Amt Paid 840.00 Vac Hrs 40.00 Sick Hrs 16.00 Title Operator

Important Notes EFFECTIVE THIS PAY PERIOD YOUR REGULAR HOURLY RATE HAS BEEN CHANGED FROM \$8.00

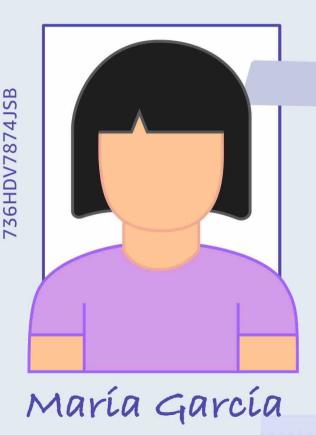
WE WILL BE STARTING OUR UNITED WAY FUND DRIVE SOON AND LOOK FORWARD TO YOUR PARTICIPATION



THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT,

## MASSACHUSETTS DRIVER LICENSE





4a ISS

4d NUMBER 03/18/2018 736HDV7874JSB

4b EXP 01/20/2028 03/18/2001

3 DOB

9 CLASS 12 REST Oa END

NONE NONE

### **MARIA**

2 GARCIA

**8 100 MARKET STREET** BIGTOWN, MA, 02801

18 EYES BLK

15 **SEX F** 15 **HGT 4-6**"

5 DD 03/12/2019 REV 03/12/2017

03/18/2001

	VOID	CORRE	CTED					
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			1a Total o	ordinary dividends	ОМ	B No. 1545-0110		
Ana Carolina Silva		\$	1000	2021		Dividends and		
Ana Garonna	Onva		<b>1b</b> Qualifi	ed dividends				Distributions
123 Any Stree	et, Any Town, USA		<b>∮</b> 50	$\cap$		4000 011/		
555-0199			Ψ			rm 1099-DIV	O	
			27 <b>=</b> 277	apital gain distr. 3000	2b \$	Unrecap. Sec. 125 300	ou gain	Copy C
PAYER'S TIN	RECIPIENT'S TIN		T	n 1202 gain	Ψ 2d	Collectibles (28%)	gain	For Payer
			\$ 30		\$	200	9	
4444-5555-6666	1111-2222	2-3333	2e Section	897 ordinary dividends	2f 3	Section 897 capital	gain	
			\$ 100	00	\$	300		
RECIPIENT'S name			3 Nondi	vidend distributions	4	Federal income tax	withheld	19 Y 10 Y
Alejandro	Rosalez			000	\$	4500		For Privacy Act and Paperwork
Street address (including apt. no.)			+ _	n 199A dividends	6 <sub>(t)</sub>	Investment expens 600	ses	Reduction Act
Street address (including apt. 110.)			-1	n tax paid	Ψ g	Foreign country or U.S. p	nossassion	Notice, see the
123 Any S	street			η ταχ ραία			00336331011	zuz i Generai
City or town, state or province, country, and ZIP or foreign postal code		tal code	\$	7000		\$ 1000		Instructions for Certain
Any Town, USA			9 Cash li	quidation distributions	10	Noncash liquidation di	istributions	
			\$	800	\$	8000		Returns.
FATCA filing requirement			ot-interest dividends		Specified private a bond interest divid			
			\$	1000	\$	900		
Account number (see instructions)		2nd TIN not.	13 State	<b>14</b> State identification no.	. 15	State tax withheld		
7777-8888-	.999		Any Town	7777-8888-9999	\$	8000		
1111-0000-3333					\$	6000		

Form **1099-DIV** 

www.irs.gov/Form1099DIV

Department of the Treasury - Internal Revenue Service

# ACCOUNT STATEMENT

# YOUR DETAILS

Jane Doe 100 Main Street, Anytown, USA 555-0100

Statement Period 1 MAY 2021 to 31 MAY 2021

**Account Number** 

333 00875555

Account Name

Jane Doe

**Email Address** 

Not Recorded

Your Account Balance	
Your opening account balance as at 1 MAY 2021	\$50,000.00
Your closing account balance as at 31 MAY 2021	\$123,084.85

Your account valuation							
Investment option name	Option code	Units	Unit Price \$	Value \$	%		
BT Active Balanced	210	1,3297.9090	1,300	17,287.28	40		
First choice moderate	080	2,3000.5678	100	23,005.68	30		
First choice Lifestaged	010	7,100.9876	900	63,908.89	20		
2001-09							
Perpetual Balanced growth	021	8,210.0021	230	18,883.00	10		
Account value				123,084.85	100.00		

Your insurance details					
Benefit Type	Insurance cover amount \$	Benefit amount \$			
Amount paid on Death of Terminal illness	10,000.00	17,000.00			
Amount paid upon Total and Permanent	10,000.00	17,000.00			
Disablement					

55555	a Employee's social security number 75395184613	OMB No. 154	5-0008					
b Employer identification number (EIN) 4963147952			1 Wages, tips, other compensation \$100.00 \$500.00					
c Employer's name, address, and ZIP code John Stiles				cial security wages \$1000.00		4 Social security tax withheld \$100.00		
100 Main Street, Anytown, USA			5 Me	dicare wages and tips \$500.00		6 Medicare tax withheld \$5000.00		
				cial security tips \$500.00	8 Allocated tips \$150.00			
d Control number 753951852			9	9 10 Dependent care bene \$5000.00				
e Employee's first name and initial Last name Suff.  Arnav Desai M		11 Nonqualified plans \$500.00		12a 8 A	\$500.00			
7.00.00		13 State emp	utory Retirement Third-party sloyee plan sick pay	12b C	\$1500.00			
100 1 01 1			14 Oth	ier	12c	\$500.00		
123 Any Street, Any Town, USA			NA	12d B	\$1000.00			
f Employee's address and ZIP coo	le							
15 State Employer's state ID numb	er 16 State wages, tips, etc.	17 State incon	ne tax	18 Local wages, tips, etc.	19 Local inc	ome tax 20 Locality name		
Any Town 7414568313	\$50.00	\$500.00		\$100.00	\$550.00	Any Town		

Form W-2 Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2022

Department of XYZ Organaization

### Homeowners Insurance Application

### Named Insured(s) and Mailing Address Insurance Company

Alejandro Rosalez alciandrorosalez@example.com

XYZ Insurance

Primary Email: alejandrorosalez@example.com Primary Phone #: 555-157-0100

Alternate Phone #: 555-758-0100 Bought through: Home

Insured Property Home

NOTICE OF INSURANCE INFORMATION PRACTICES

In some insurance transactions, we may not be able to get all the information we need directly from you. In that case, we may obtain information from outside sources at our own expense. We would also like to inform you that without prior authorization, we may as permitted by law, provide information about you contained in our records and files to certain persons or organizations.

XYZ underwriting/qualification procedure and subject to applicable laws and regulations, we may obtain information regarding you and other individuals who may be covered by the insurance you are applying for, including: (i) driving necord, based on state motor vehicle reports and loss information reports; (ii) your prior insurance record, if any, which will be obtained from your current or prior carrier(s); (iii) credit reports; and (iv) claim history, based on loss information reports.

Purchase Date and Time Effective Date

454882579	45488257965 14/08/2009, 09:30		20/10/2020		20/10/2025	
		Primary Ap	plicant In	formation		
Name						
Alejan	idro Rosalez					
Date of Birth	Gender	Marital Status		Education Lev	el	
03/02/1990	Female	Married		Undergraduate		
Existing	Policy	Drivers License N	lumber	DL State	Currently Insured - Auto	
Home Insurance		765482549	99	WI	Home	
Length of Time	with Current Auto C	arrier	Length of Time with Prior Auto Carrier			
5 Years			3 Years			
Years with Prior Property Company			Type of Current Property Policy			
5 Years			F	lome		
		Co-Appli	cant Infor	mation		
Name						
Jane D	loe					
Date of Birth	Gender	Marital Status		Education Level		
16/07/1988	Male	Married		Undergraduate		
Relationship to	lationship to Primary Applicant Drivers License Num		iumber	DL State	Currently Insured- Auto	
Spouse		193547826	5	WI	Home	
Length of Time	with Current Auto C	arrier	Length of Time with Prior Auto Carrier			

5 Years			3 Years	
	1	Total Auto Clai	ms, Accidents, and Violatic	ons for all Applicants
Number of Auto Accidents Number of Violations		Number of Comp Claims		
At-Fault	Not-at-Fault	Major	Minor	Number of Comp Craims