



Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Wage and Income Transcript

X

Request Date: 09-13-2012
Response Date: 09-13-2012
Tracking Number:

SSN Provided:

Tax Period Requested: December, 2010

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):
DEFENSE FINANCE & ACTG SERV

Employee:

Employee's Social Security Number:

Submission Type:

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:

Advanced EIC Payment:

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:

Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:

Original document

\$65,993.00

\$5,083.00

\$75,773.00

\$4,697.00

\$75,773.00

\$1,098.00

\$0.00

\$0.00

\$0.00

\$0.00

\$9,779.00

\$0.00

\$0.00

\$0.00

\$0.00

Code "R" Employer's Contribution to MSA:	\$0.00
Code "S" Employer's Contribution to Simple Account:	\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:	\$0.00
Code "V" Income from exercise of non-statutory stock options:	\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:	\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:	\$0.00
Code "CC" (For employer use only) - HIRE Exempt Wages and Tips:	\$0.00
Third Party Sick Pay Indicator:	Unanswered
Retirement Plan Indicator:	Yes
Statutory Employee:	Not Statutory Employee

Form 5498 Individual Retirement Arrangement Contribution Information

Trustee:

Trustee/Issuer's Federal Identification Number (FIN):
 WELLS FARGO BANK N.A.
 2801 MARKET STREET
 ST LOUIS, MO 63103-0000

Participant:

Participant's Identification Number:

Submission Type:	Original document
Account Number (Optional):	
IRA Contributions:	0.00
Rollover Contributions:	0.00
Roth Conversion Amount:	0.00
Recharacterized Contributions:	0.00
Fair Market Value of Account:	\$56.00
Life Insurance Cost Included in Box 1:	0.00
SEP Code:	Checked
IRA Code:	Not Checked
Simple Code:	Not Checked
Roth IRA Code:	Not Checked
RMD For Subsequent Year:	Checked
SEP Contributions:	0.00
SIMPLE Contributions:	0.00
Roth IRA Contributions:	0.00

Form 5498 Individual Retirement Arrangement

Contribution Information

Trustee:

Trustee/Issuer's Federal Identification Number (FIN):

SE2 AS ADMINISTRATOR FOR ALLSTATE LIFE

INSURANCE COMPANY

FBO PUTNAM

TOPEKA, KS 66675-0000

Participant:

Participant's Identification Number:

Submission Type:

Original document

Account Number (Optional):

IRA Contributions:

0.00

Rollover Contributions:

0.00

Roth Conversion Amount:

0.00

Recharacterized Contributions:

0.00

Fair Market Value of Account:

\$67,649.00

Life Insurance Cost Included in Box 1:

0.00

SEP Code:

Not Checked

IRA Code:

Checked

Simple Code:

Not Checked

Roth IRA Code:

Not Checked

RMD For Subsequent Year:

Not Checked

SEP Contributions:

0.00

SIMPLE Contributions:

0.00

Roth IRA Contributions:

0.00

Schedule K-1 1065

Partnership:

Partnership's Employer Identification Number:

Partner:

Partner's Identifying Number:

Submission Type:	Original document
Dividends:	0.00
Interest:	\$5.00
Royalties:	0.00
Ordinary Income K-1:	0.00
Real Estate:	-\$472.00
Other Rental:	0.00
Guaranteed Payments:	0.00
Section 179 Expenses:	0.00
Short Term Capital Gain:	0.00
Long Term Capital Gain:	0.00

Form 1098 Mortgage Interest Statement

Recipient/Lender:

Recipient's Federal Identification Number (FIN):
BRANCH BANKING & TRUST CO.
P O BOX 819
WILSON, NC 27893-0000

Payer/Borrower:

Payer's Social Security Number:

Submission Type:	Original document
Account Number (Optional):	
Mortgage Interest Received from Payer(s)/Borrower(s):	\$5,369.00
Points Paid on Purchase of Principal Residence:	0.00
Refund of Overpaid Interest:	0.00
Mortgage Insurance Premiums:	0.00

Form 1098 Mortgage Interest Statement

Recipient/Lender:

Recipient's Federal Identification Number (FIN):
BRANCH BANKING & TRUST CO.
P O BOX 819
WILSON, NC 27893-0000

Payer/Borrower:

Payer's Social Security Number:

Submission Type: Original document
Account Number (Optional):
Mortgage Interest Received from Payer(s)/Borrower(s): \$17,149.00
Points Paid on Purchase of Principal Residence: 0.00
Refund of Overpaid Interest: 0.00
Mortgage Insurance Premiums: 0.00

Form SSA-1099 Benefits Statement

Payer:

Payer's Federal Identification Number (FIN):
SOCIAL SECURITY ADMINISTRATION

Payee:

Payee's Identification Number:

Submission Type: Original document
Account Number (Optional): N/A
Pensions and Annuities (Total Benefits Paid): \$25,387.00
Tax Withheld: 0.00
Repayments: 0.00
Workman's Compensation Offset: 0.00
TY 2009 Payments: \$121.00
TY 2008 Payments: 0.00
TY 2007 Payments: 0.00
TY 2006 Payments: 0.00
Trust Fund Indicator: Retirement
SSA/RRB Payments: Either RRB or SSA payments

Form 1099-G

Payer:

Payer's Federal Identification Number (FIN):
NC STATE DEPARTMENT OF REVENUE
P O BOX 25000
RALEIGH, NC 27640-0001

Recipient:

Recipient's Identification Number:

EX

Submission Type:	Original document
Account Number (Optional):	
ATAA Payments:	0.00
Tax Withheld:	0.00
Taxable Grants:	0.00
Unemployment Compensation:	0.00
Agricultural Subsidies:	0.00
Prior Year Refund:	\$3,913.00
Market gain on Commodity Credit Corporation loans repaid on or after January 1, 2007:	0.00
Year of Refund:	2008
1099G Offset:	Not Refund, Credit, or Offset for Trade or Business

A

Form 1099-INT**Payer:**

M

Payer's Federal Identification Number (FIN):
FIRST CLEARING LLC
2801 MARKET STREET
SAINT LOUIS, MO 63103-0000

Recipient:

P

Recipient's Identification Number:

L

Submission Type:	Original document
Account Number (Optional):	
Interest:	\$1.00
Tax Withheld:	0.00
Savings Bonds:	0.00
Investment Expense:	0.00
Interest Forfeiture:	0.00
Foreign Tax Paid:	0.00
Tax-Exempt Interest:	0.00
Specified Private Activity Bond Interest:	0.00
Second Notice Indicator:	0.00
Foreign Country or US Possession:	No Second Notice
CUSIP Number:	

E

Form 1099-INT**Payer:**

Payer's Federal Identification Number (FIN):
NC STATE DEPARTMENT OF REVENUE
P O BOX 25000
RALEIGH, NC 27640-0001

Recipient:

Recipient's Identification Number:

Submission Type:

Original document

Account Number (Optional):

Interest:

\$14.00

Tax Withheld:

0.00

Savings Bonds:

0.00

Investment Expense:

0.00

Interest Forfeiture:

0.00

Foreign Tax Paid:

0.00

Tax-Exempt Interest:

0.00

Specified Private Activity Bond Interest:

0.00

Second Notice Indicator:

No Second Notice

Foreign Country or US Possession:

CUSIP Number:

Form 1099-MISC**Payer:**

Payer's Federal Identification Number (FIN):
CIGNA FEDERAL BENEFITS INC
TA> CIGNA CORPORATION
1601 CHESTNUT ST TL13B
NASHVILLE, TN 37202-5029

Recipient:

Recipient's Identification Number:

Submission Type:

Original document

Account Number (Optional):

Tax Withheld:	0.00
Non-Employee Compensation:	0.00
Medical Payments:	\$18,097.00
Fishing Income:	0.00
Rents:	0.00
Royalties:	0.00
Other Income:	0.00
Substitute Payments for Dividends:	0.00
Excess Golden Parachute:	0.00
Crop Insurance:	0.00
Attorney Fees:	0.00
Section 409A Deferrals:	0.00
Section 409A Income:	0.00
Direct Sales Indicator:	Not Direct Sales
Second Notice Indicator:	No Second Notice

This Product Contains Sensitive Taxpayer Data

A

M

P

L

E