


EX-02 Baker Documents

Driver's License (Tax Training Only)
License No. 20200818120645
Name and Address
TARA BAKER
17 BEACH BLVD APT 18
JACKSON, NJ 08527

Birth Date 06/15/1987
Issue Date 05/26/2020 Expiration Date 05/26/2025

Social Security
012-00-XXXX
THIS NUMBER HAS BEEN ESTABLISHED FOR
TARA BAKER
For Tax Training Purposes Only

Social Security
212-00-XXXX
THIS NUMBER HAS BEEN ESTABLISHED FOR
MARY THOMAS
For Tax Training Purposes Only


TARA BAKER **1234**
17 BEACH BLVD APT 18
YC, YS, YZIP

PAY TO THE _____ \$ _____
ORDER OF _____
DOLLARS

YOUR BANK
ADDRESS
CITY, STATE ZIP

For _____
325070760 987123654 **1234**

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a. Employee's social security number 012-00-XXXX		Save, accurate, FAST! Use OMB No. 1545-0008				Visit the IRS website at www.irs.gov/efile													
b. Employer identification number (EIN) 89-6234567		1. Wages, tips, other compensation \$31,800.67		2. Federal income tax withheld \$3,400.00															
c. Employer's name, address, and ZIP code BAPTIST MEDICAL CENTER P.O. BOX 6700 INDIANAPOLIS IN 46204-6700		3. Social security wages \$33,765.67		4. Social security tax withheld \$2,093.47															
		5. Medicare wages and tips \$33,765.67		6. Medicare tax withheld \$489.60															
		7. Social security tips		8. Allocated tips															
d. Control number		9.		10. Dependant care benefits															
e. Employee's first name and initial Last name Suff. Employee's address and ZIP code TARA BAKER 17 BEACH BLVD APT 18 JACKSON, NJ 08527		11. Nonqualified plans		12a. See instructions for box 12 D \$1,965.00															
		13. Statutory Employee Retirement Plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b.															
		14. Other UI 125.47		12c.															
		WF/SWF 13.94		12d.															
		DI PP#6789012 55.76 FLI 26.24																	
15. State	Employer's state ID number	16. State wages, tips, etc.	17. State income tax	18. Local wages, tips, etc.	19. Local income tax	20. Locality name													
NJ	896234567000	\$32,800.67	957.00																
<table style="width:100%; border:none;"> <tr> <td style="width:10%;">Form</td> <td style="font-size: 2em; font-weight: bold;">W-2</td> <td style="font-weight: bold;">Wage and Tax Statement</td> <td style="font-size: 2em; font-weight: bold; text-align: right;">2019</td> </tr> <tr> <td colspan="4"> Copy B - To Be Filed With Employee's FEDERAL Tax Return. </td> </tr> <tr> <td colspan="4"> This information is being furnished to the Internal Revenue Service. </td> </tr> </table>								Form	W-2	Wage and Tax Statement	2019	Copy B - To Be Filed With Employee's FEDERAL Tax Return.				This information is being furnished to the Internal Revenue Service.			
Form	W-2	Wage and Tax Statement	2019																
Copy B - To Be Filed With Employee's FEDERAL Tax Return.																			
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<input type="checkbox"/> CORRECTED (if checked)							
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. MEDICAL CENTER CREDIT UNION 139 WEST CENTER AVE JACKSON, NJ 08527			Payer's RTN (optional)		OMB No. 1545-0112 2019 Form 1099-INT		Interest Income
PAYER'S TIN 67-5000256			RECIPIENT'S TIN 012-00-XXXX		1 Interest income <div style="text-align: right; font-weight: bold;">\$615.78</div>		
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal code TARA BAKER 17 BEACH BLVD APT 18 JACKSON, NJ 08527			2 Early withdrawal penalty <div style="text-align: right; font-weight: bold;">\$61.57</div>		3 Interest on US Savings Bonds and Treas. obligations		
4 Federal income tax withheld <div style="text-align: right; font-weight: bold;">\$55.00</div>			5 Investment expenses		6 Foreign Tax Paid		
7 Foreign Country or US possession			8 Tax exempt interest		9 Specified private activity bond interest		
10 Market Discount			11 Bond Premium		12 Bond premium on Treasury obligations		
13 Bond Premium on tax-exempt bond			14 Tax-exempt and tax credit bond CUSIP no.		15 State		
Account number (see instructions)			16 State Identification no.		17 State tax withheld		
Form 1099-INT							

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<input type="checkbox"/> CORRECTED (if checked)			2019 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. BAPTIST MEDICAL CENTER PO BOX 6700 INDIANAPOLIS IN 46204-6700			1 Gross distribution \$895.00			
			2a Taxable amount \$895.00			
			2b Taxable amount not determined. <input type="checkbox"/>		Total Distribution <input type="checkbox"/>	
			3 Capital gain (included in box 2a).		4 Federal income tax withheld \$90.00	
PAYER'S TIN 22-9876543	RECIPIENT'S TIN 012-00-XXXX		5 Employee contributions/ Designated Roth contributions or		6 Net unrealized appreciation in employer's securities	
RECIPIENT'S name Street address (including apt.no.) City or town, state or province, country, ZIP or foreign postal TARA BAKER 17 BEACH BLVD APT 18 JACKSON, NJ 08527			7 Distribution Code(s) 3	IRA/ SEP/ SIMPLE <input type="checkbox"/>	8 Other %	
			9a Your percentage of total distribution %		9b Total Employee Contributions	
			10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	FATCA filing requirement <input type="checkbox"/>	12 State tax withheld
Account number (see instructions)		Date of payment	15 Local tax withheld	16 Name of locality	17 Local distribution	
Form 1099-R						

<input type="checkbox"/> CORRECTED (if checked)			OMB No 1545-0238		2019 Form W2-G Certain Gambling Winnings
PAYER'S name, street address, city or town, state or province, country, ZIP or Foreign Postal Code GAMBLER'S ROW CASINO 34 WEST MAIN STREET ATLANTIC CITY, NJ 08401			1. Reportable winnings \$2,500.00	2. Date won 06/15/2019	
			3. Type of wager SLOTS	4. Federal income tax withheld \$.00	
			5. Transaction	6. Race	
			7. Winnings from identical wagers	8. Cashier	
PAYER'S Federal identification number 22-4567890	Payer's Telephone number 609-464-9000		9. Winner's taxpayer identification no. 012-00-XXXX	10. Window	
WINNER'S name, street address, city or town, state or province, country, ZIP or Foreign Postal Code TARA BAKER 17 BEACH BLVD APT 18 JACKSON, NJ 08527			11. First I.D.	12. Second I.D.	
			13. State/Payer's state identification no.	14. State Winnings	
			15. State income tax withheld	16. Local Winnings	
			17. Local income tax withheld	18. Name of locality	
Under penalty of perjury, I declare that, to the best of my knowledge and belief, the name, address, taxpayer identification number that I furnished correctly identify me as the recipient of this payment and any payment from identical wagers, and no other person is entitled to any part of these payments.					
Signature >			Date >		
Form W-2G					

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<input type="checkbox"/> CORRECTED (if checked)			
CREDITOR'S name Street address City or town, state or province, country, ZIP or foreign postal code Telephone no. MEDICAL CENTER CREDIT UNION 139 WEST CENTER AVENUE JACKSON, NJ 08527		1 Date of Identifiable Event 12/01/2019	OMB No. 1545-1424
		2 Amount of debt discharged \$1,675.49	2019
		3 Interest if included in Box 2 \$256.98	Form 1099-C
CREDITOR'S TIN 67-5012345		DEBTOR'S TIN 012-00-XXXX	
DEBTOR'S name Street address (including apt.no) City or town, state or province, country, ZIP or foreign postal code TARA BAKER 17 BEACH BLVD APT 18 JACKSON, NJ 08527		5 If checked, the debtor was personally liable for repayment of this debt > <input checked="" type="checkbox"/>	
		6 Identifiable Event Code	
Account number (see instructions)		7 Fair market value of property	
Form 1099-C			

Cancellation of Debt

Copy B For Debtor

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.

RECEIPT	Clark County After School Program 14 Learning Way Jackson, NJ 08527 616-456-1289		56-2000752	XXXXXX	
			December 12, 2019	12, 2018	
	Received from	<u>Tara Baker</u>	\$ <u>1,800.00</u>		
		<u>Eighteen Hundred and ^{NO}/₁₀₀</u>	Dollars		
	For	<u>After school daycare for Mary Baker</u>			
	Amount of account	<input type="text"/>	<input type="checkbox"/> Cash		
	This payment	<input type="text"/>	<input type="checkbox"/> Check		
	Balance due	<input type="text"/>	<input type="checkbox"/> Money Order		
				<u>Linda Johnson</u>	

EX-02 Baker Documents

Form 1095-A Department of the Treasury Internal Revenue Service	Health Insurance Marketplace Statement > Do not attach to your tax return. Keep for your records. <input type="checkbox"/> VOID > Go to www.irs.gov/Form1095A for instructions and the latest information. <input type="checkbox"/> CORRECTED	OMB No. 1545-2232 2019		
Part I Recipient Information				
1 Marketplace Identifier 12-0024321	2 Marketplace-assigned policy number 539836	3 Policy issuer's name METLIFE		
4 Recipient's name TARA BAKER	5 Recipient's SSN 012-00-XXXX	6 Recipient's date of birth 06/15/1987		
7 Recipient's spouse's name	8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth		
10 Policy start date 01/01/2019	11 Policy termination date 12/31/2019	12 Street address (including apartment number) 17 BEACH BLVD APT 18		
13 City or town, State or province, Country and ZIP or foreign postal code JACKSON, NJ 08527				
Part II Covered Individuals				
A Covered individual name	B Covered individual SSN	C. Date of birth	D. Coverage start date	E. Coverage termination date
16 TARA BAKER	012-00-XXXX	06/15/1987	01/01/2019	12/31/2019
17 MARY THOMAS	212-00-XXXX	09/14/2011	01/01/2019	12/31/2019
18				
19				
20				
Part III Coverage Information				
Month	A Monthly Enrollment Premiums	B Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit	
21 January	\$277.85	\$356.12	\$100.00	
22 February	\$277.85	\$356.12	\$100.00	
23 March	\$277.85	\$356.12	\$100.00	
24 April	\$277.85	\$356.12	\$100.00	
25 May	\$277.85	\$356.12	\$100.00	
26 June	\$277.85	\$356.12	\$100.00	
27 July	\$277.85	\$356.12	\$100.00	
28 August	\$277.85	\$356.12	\$100.00	
29 September	\$277.85	\$356.12	\$100.00	
30 October	\$277.85	\$356.12	\$100.00	
31 November	\$277.85	\$356.12	\$100.00	
32 December	\$277.85	\$356.12	\$100.00	
33 Annual Totals	\$3,334.20	\$4,273.44	\$1,200.00	
Form: 1095-A				