

Company Code \_\_\_\_\_  
 RV / LB8 21645033

## Earnings Statement



Plumbing International Inc.  
 3232 Eagle Lane  
 Fargo, MN 58102

Period Starting: 03/01/2018  
 Period Ending: 03/15/2018  
 Pay Date: 03/30/2018

Taxable Marital Status: Married  
 Exemptions/Allowances: Tax Override:  
 Federal: 3 Federal:  
 State: 0 State:  
 Local: 0 Local:  
 Social Security Number: XXX-XX-XXXX

Earnings	rate	hours/units	this period	year to date
Regular	50.0000	88.00	4400.00	23700.00
Sick			0.00	300.00
Personal			0.00	800.00
Holiday			0.00	800.00
<b>Gross Pay</b>			<b>\$4,400.00</b>	<b>\$25,600.00</b>
<b>Statutory Deductions</b>			<b>this period</b>	<b>year to date</b>
Federal Income			-313.13	1856.53
Social Security			-248.36	1440.53
Medicare			-58.09	336.90
<b>Voluntary Deductions</b>			<b>this period</b>	<b>year to date</b>
*401(k) plan %			-264.00	1536.00
*Medical pre-tax			-354.40	2126.40
*Dental pre-tax			-35.33	211.98
*Vision pre-tax			-4.55	27.30
<b>Net Pay</b>			<b>\$3,122.14</b>	

Other Benefits and Information	this period	year to date
Personal		
- Carry Over		13.34
- Accrued Hours	3.33	30.00
- Taken Hours	0.00	16.00
- Balance		14.00
Sick		
- Carry Over		0.00
- Accrued Hours	0.00	24.00
- Taken Hours	0.00	6.00
- Balance		18.00
Total Hours Worked	88.00	474.00
<b>Deposits</b>	<b>transit/ABA</b>	<b>amount</b>
	XXXXXXXXXX	3122.14

Your federal taxable wages this period are \$3,741.72  
 \* Excluded from Federal taxable wages

Pay Date: 03/30/2018

Deposited to the account	account number	transit/ABA	amount
Checking DirectDeposit		XXXXXXXXXX	3122.14

THIS IS NOT A CHECK

**University of Oregon**

**March 2018 Earnings**

**Paid: 31-MAR-2018**

PO Box 3237, Eugene, OR 97403 ph:541-346-3151

BIN: 1645579-2

Year	2018	Tax Status	Add'l Tax	YTD Subject	<b>Summary</b>	<b>Current</b>	<b>YTD</b>
Pict Code	MO	Federal S 1	.00	7,079.67	Gross Amount	3,168.83	9,341.15
Pay Id	3	State S 1	.00	7,079.67	Employee Deductions	991.89	4,054.97
Seq No	5				<b>Net Amount</b>	<b>2,176.94</b>	
ID	951709945						
<p>430000 BUSINESS AFFAIRS OFFICE                      DAISY DUCK                      PO BOX 3237                      EUGENE OR 97403-0237</p>					<b>Net Pay Distribution</b>		
					Bank Deposit # 1		2,176.94
					Net Pay Distribution		2,176.94
					<b>Leave</b>	<b>Taken</b>	<b>Accrual</b>





# Social Security Administration Benefit Verification Letter

Date: August 16, 2022  
BNC#: 123456789ABCDE  
REF: A

||    |||    |||  
JONATHAN DOE  
1234 MAKEBELIEVE LANE  
AKRON, OH 44312

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

### Information About Current Social Security Benefits

Beginning December 2021, the full monthly Social Security benefit before any deductions is \$2,908.00.

We deduct \$170.10 for medical insurance premiums each month.

The regular monthly Social Security payment is \$2,737.00.  
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the second Wednesday of each month.

### Information About Past Social Security Benefits

From December 2020 to November 2021, the full monthly Social Security benefit before any deductions was \$2,746.00.

We deducted \$148.50 for medical insurance premiums each month.

The regular monthly Social Security payment was \$2,597.00.  
(We must round down to the whole dollar.)

### Type of Social Security Benefit Information

You are entitled to monthly retirement benefits.

### Medicare Information

You are entitled to hospital insurance under Medicare beginning October 2016.

See Next Page

**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**  
(Sole Proprietorship)

▶ Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.  
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **09**

Name of proprietor <b>Brad Shelton</b>		Social security number (SSN)
<b>A</b> Principal business or profession, including product or service (see instructions) <b>Landscaping</b>		<b>B</b> Enter code from Instructions
<b>C</b> Business name. If no separate business name, leave blank. <b>The Greens Lawn Service</b>		<b>D</b> Employer ID number (EIN) (see Instr.)
<b>E</b> Business address (including suite or room no.) ▶ <b>123 W Sycamore</b> City, town or post office, state, and ZIP code <b>Indio,OK 73000</b>		
<b>F</b> Accounting method: (1) <input type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
<b>G</b> Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>H</b> If you started or acquired this business during 2018, check here . . . . . <input type="checkbox"/>		
<b>I</b> Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>J</b> If "Yes," did you or will you file required Forms 1099? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . . ▶ <input type="checkbox"/>	<b>1</b>	<b>23562</b>	<b>00</b>
<b>2</b> Returns and allowances . . . . .	<b>2</b>	<b>1000</b>	<b>00</b>
<b>3</b> Subtract line 2 from line 1 . . . . .	<b>3</b>	<b>22562</b>	<b>00</b>
<b>4</b> Cost of goods sold (from line 42) . . . . .	<b>4</b>		
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	<b>5</b>		
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .	<b>6</b>		
<b>7</b> <b>Gross income.</b> Add lines 5 and 6 . . . . . ▶	<b>7</b>		

VOID  CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		FILER'S federal identification no.	OMB No. 1545-2205	<b>2015</b>	<b>Payment Card and Third Party Network Transactions</b>
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input type="checkbox"/>		PAYEE'S taxpayer identification no.	Form <b>1099-K</b>		
Check to indicate transactions reported are: Payment card <input type="checkbox"/> Third party network <input type="checkbox"/>		<b>1a</b> Gross amount of payment card/third party network transactions \$	<b>2</b> Merchant category code		
PAYEE'S name		<b>3</b> Number of payment transactions	<b>4</b> Federal income tax withheld \$	<b>Copy 1 For State Tax Department</b>	
Street address (including apt. no.)		<b>5a</b> January \$	<b>5b</b> February \$		
City or town, state or province, country, and ZIP or foreign postal code		<b>5c</b> March \$	<b>5d</b> April \$		
PSE'S name and telephone number		<b>5e</b> May \$	<b>5f</b> June \$		
Account number (see instructions)		<b>5g</b> July \$	<b>5h</b> August \$	<b>5i</b> September \$	<b>5j</b> October \$
		<b>5k</b> November \$	<b>5l</b> December \$	<b>6</b> State	<b>7</b> State identification no.
					<b>8</b> State income tax withheld \$
					\$