

ABC S Federal Tax Intake Form

2022 ☒ 2021 ☐

Date: 02-15-2023 Phone #: (509) 763.8344 Returning Customer? Yes ☐ No ☐

Personal: ☒ LLC: _____ Sole Prop: _____ Corp: _____ S Corp: _____

Name: Genesis V Termin Hernandez Occupation: _____

Personal Address: 970 K St SE Ephrata WA 98823

SSN: 795-28-3415 DOB: 02-14-2001

Did your Marital status change during the year? _____

Spouse Name: _____

Occupation: _____

SSN: _____ DOB: _____

Change in dependents? Yes _____ No _____

If yes, please fill out the following.

Full Name: _____

SSN: _____ DOB: _____

Full Name: _____

SSN: _____ DOB: _____

Documents to present:

- ☐ Profit + Loss
- ☐ Balance Sheet
- ☐ 1099s
- ☒ W-2s
- ☐ Interest Statements
- ☐ 401 (K)
- ☐ Retirement Documents
- ☐ 1095-A
- ☐ Gambling loss/wins
- ☐ Stocks, bonds, investment property documents

Have you made any estimated payments for your 2022 Federal Taxes? Yes ☐ No ☐

Bank Account Information:

Bank Name: US Bank

Name on Account: Genesis Termin

Routing Number: 125000105

Account Number: 253559966960

Notes:

Please provide a copy of your 2020 and 2021 Federal Tax Return.

ABC S phone number: (509) 717-3038

7967.29		370.75	
1 Wages, tips, other comp.	2 Federal income tax withheld		
8650.01	536.30		
3 Social security wages	4 Social security tax withheld		
8650.01	125.43		
5 Medicare wages and tips	6 Medicare tax withheld		
Employer's name address, and ZIP code			
EPHRATA SCHOOL DISTRICT NO.165			
111 4TH AVE NW			
EPHRATA WA 98823			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a DD 4104.00	
		12b	
13 Statutory employee Retirement plan Third-party sick pay		12c	
X		12d	
14 DUES 157.97 PSEER 148.00		Employee's social security no. 795-28-3415 Employer ID number (EIN) 91-6009143 Control number	
GENESIS FERMIN HERNANDEZ			
970 K ST SE			
EPHRATA WA 98823			
Employee's name address and ZIP code			
15 St. Employer's state ID number WA 690910293	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
Wage and Tax Statement Copy 2		Form W-2 2022	
To Be Filed With Employee's State, City, or Local Income Tax Return			
OMB No. 1545-3008		Department of the Treasury - Internal Revenue Service	

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.
Box 2. Enter this amount on the federal income tax withheld line of your tax return.
Box 3. You may be required to report this amount on Form 9699, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 9699.
Box 4. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages as shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages over \$200,000.
Box 5. This amount is not included in box 1, 3, 4, or 7. For information on how to report it on your tax return, see the Form 1040 instructions.
You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, if you received tips from customers that were not reported to you by your employer. To complete Form 4137, you must keep records of the tips you received. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the amount your employer reported to you. If you do not have records, estimate the amount of tips you received based on your best estimate. Enter the amount on the wages line of your tax return by filing Form 4137. Your social security taxes will be credited to your social security record based on figure you certify here.
If you are self-employed, you must also report the total dependent care benefits that your employer paid to you based on your behalf (including amounts from a section 125 cafeteria plan) and any amount over your employer's plan limit is also included in box 1. See Form 244-A.
Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a qualified pension, profit-sharing, or nonqualified annuity; or (b) reported in box 12, code A, if it is a distribution in box 3 and box 5 is 4 or less a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there was no longer a substantial risk of forfeiture of your right to the deferred amount. Box 11 does not include a distribution under a deferral agreement for the same calendar year if you made a deferral and received a distribution in the same calendar year, and you are or will be age 59½ by the end of the calendar year. Your employer should file Form SSA-131, Employer's Statement of Distribution Under a Deferral Agreement, with the IRS and give you a copy.
Box 12. The following explains the codes shown in box 12. You may need this information to complete your tax returns.
Codes D, E, F, and G are generally used for distributions from defined contribution plans. Code H is used for defined contribution plans if you qualify for the 15-year rule explained in Pub. 5770. Deferrals under code C are limited to \$20,500. Deferrals under code H are limited to \$7,000.
However, if you were at least age 50 in 2022, your employer may have allowed an additional deferral amount in excess of the SIMPLE IRA and 401(k) SIMPLE limits. If you have an additional deferral amount in 2022, you must adjust the overall limit on elective deferrals. For code C, the limit on elective deferrals may be higher for the last 4 years before you reach retirement. Contact your employer about the deferral amount. If you have an additional deferral amount, the overall elective deferral limit must be reduced in income. See the Form 1040 instructions.
Note, if you are furloughed due to COVID-19, see S, YAA, BB, or EE, you made a make-up payment contribution for a prior year(s) when you were in a middle class or top tier employee status. If so, then for the current year, for the prior year, when the current year, if no year is shown, the contributions are for the current year.
A—Unselected social security or RRTA tax on tips. Include this tax on Form 1040 or Form 1041-SSR. See the Form 1040-SSR instructions.
B—Unselected Medicare tax on tips. Include this tax on Form 1040 or Form 1040-SSR. See the Form 1040 instructions.
C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 up to social security wage base), and 50.
D—Elective deferral under a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.
E—Elective deferrals under a section 408(a) salary reduction agreement.
F—Elective deferrals under a section 458(b)(3) salary deduction SEP.
G—Elective deferrals and employer contributions (including nonselective deferrals) to a section 457(b) plan.
H—Elective deferrals to a section 501(c)(29)(d) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.
J—Nonexcludable sick pay (information only, not included in box 1, 3, or 5).
K—20% excise tax on excess gross parachute payments. See the Form 1040 instructions.
L—Substantiated employee business expense reimbursements (nontaxable).
M—Excluded employee health and accident insurance coverage. See the Form 1040 instructions.
N—Unemployed Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.
P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces not subject to income tax.
Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.
R—Employer contributions to your Archer MSA. Report on Form 8853. Archer MSAs and Long-term Care Insurance Contracts.

- Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, and attach to your tax return.

V—Income from exercise of nonstatutory stock options (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 625, Taxable and Nontaxable Income, for reporting requirements.

W—Employee contributions (including amounts the employer elects to contribute using a salary reduction plan) to your health savings account. Report on Form 8880, Health Savings Accounts (HSAs).

Y—Deferred under a section 401(a) nonqualified deferred compensation plan.

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 401(a)(9) (if the plan is not a 401(a)(9) plan, it is subject to an additional 20% tax plus interest). See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(a) plan.

BB—Designated Roth contributions under a section 403(b) plan.

DD—Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement (HRA) based on qualified equity grants under section 633.

HH—Aggregates deferred compensation under a plan that is subject to the close of the calendar year or the end of the calendar plan year. If a box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590A, Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employees may use this box to report: Information such as state disability insurance benefits, unemployment payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employees use this box to report railroad retirement (RRTA) compensation. Tier 1 tax, Tier 2 tax, and Medicare and Additional Medicare taxes (if reported by the employer to the employee in the railroad retirement (RRTA) compensation).

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C of Form W-2 for at least 10 years after the date, plus in case there is a question about your work record and/or earnings in a particular year.

Notice and to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file. If you are not required to file a tax return, you may be eligible for a refund or box 2 shows an amount or if you are eligible for any credit.

Earned Income Credit (EIC). You may be able to take the EIC for 2022 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on your income and the number of children you have. You may be eligible for a smaller credit if you are any qualifying child than may have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2022 or if income tax was withheld on your wages for 2022. For more information on the EIC for 2022, see www.irs.gov/eflc. See also Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you filed a tax return.

Supplemental Security Income (SSI). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 597, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2, and ask your employer to correct your employment record. Be sure to ask the employer to correct your name, SSN, and address on the SSA's Form W-2. If you correct your name, SSN, money amount, or error reported to the SSA on Form W-2, be sure to give your copies of Form W-2 to your employer for all corrections made so you may file them with your tax return. If you correct your name, SSN, or address the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.ssa.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer in cash under a plan that is not a section 401(a)(9) plan). The employer's cost of health coverage is for your information only. The amount reported with code DD is not taxable.

Credit for excess tax paid. If you had more than one employer in 2022 and more than \$9.11 in credit in excess of the tax on railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$6,350 in RRTA taxes were withheld, you may be able to claim a refund on Form 8453. See the instructions for Form 8453.

NFT 2585266 2 W2P

Form **W-2 Wage and Tax Statement** 2022

c Employer's name, address, and ZIP code
WENATCHEE VALLEY COLLEGE
1300 5TH STREET
WENATCHEE WA 98801-1741

e Employee's name, address, and ZIP code
G V FERMIN HERNANDEZ
970 K ST SE
EPHRATA WA 98823-2632

15 State	Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
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Copy B To Be Filed With Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service.
OMB No. 1545-0008

Dept. of the Treasury - IRS
Visit the IRS Web Site at www.irs.gov/efile

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Form **W-2 Wage and Tax Statement** 2022

c Employer's name, address, and ZIP code
WENATCHEE VALLEY COLLEGE
1300 5TH STREET
WENATCHEE WA 98801-1741

e Employee's name, address, and ZIP code
G V FERMIN HERNANDEZ
970 K ST SE
EPHRATA WA 98823-2632

15 State	Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
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Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)

OMB No. 1545-0008

Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement** 2022

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WENATCHEE VALLEY COLLEGE
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Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

OMB No. 1545-0008

Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement** 2022

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WENATCHEE VALLEY COLLEGE
1300 5TH STREET
WENATCHEE WA 98801-1741

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EPHRATA WA 98823-2632

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Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

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OMB No. 1545-0008

5206

Dept. of the Treasury - IRS

2022 W-2 and EARNINGS SUMMARY

Employee Reference Copy			
W-2 Wage and Tax Statement		2022	
Copy C for employee's records. OMB No. 1545-0008			
d Control number	Dept.	Corp.	Employer use only
0000019785 WXT		LFD2	S 27855
c Employer's name, address, and ZIP code			
CHIPOTLE SERVICES LLC P.O. BOX 182769 ATTENTION: PAYROLL DEPARTMENT COLUMBUS, OH 43272-7621			
e/f Employee's name, address, and ZIP code			
GENESIS V FERMIN-HERNANDEZ 970 K STREET SE EPHRATA, WA 98823			
b Employer's FED ID number	a Employee's SSA number		
20-8913946	XXX-XX-3415		
1 Wages, tips, other comp.	2 Federal income tax withheld		
3304.86			
3 Social security wages	4 Social security tax withheld		
3304.86	204.90		
5 Medicare wages and tips	6 Medicare tax withheld		
3304.86	47.92		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
14 Other	12b		
	12c		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pay		
15 State	Employer's state ID no.	16 State wages, tips, etc.	
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

To change your employee W-4 profile information, file a new W-4 with your payroll department.

GENESIS V FERMIN-HERNANDEZ
970 K STREET SE
EPHRATA, WA 98823

Social Security Number: XXX-XX-3415



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Fold and Detach Here

PAGE 01 OF 01

1 Wages, tips, other comp.	2 Federal income tax withheld		
3304.86			
3 Social security wages	4 Social security tax withheld		
3304.86	204.90		
5 Medicare wages and tips	6 Medicare tax withheld		
3304.86	47.92		
d Control number	Dept.	Corp.	Employer use only
0000019785 WXT		LFD2	27855
c Employer's name, address, and ZIP code			
CHIPOTLE SERVICES LLC P.O. BOX 182769 ATTENTION: PAYROLL DEPARTMENT COLUMBUS, OH 43272-7621			
b Employer's FED ID number	a Employee's SSA number		
20-8913946	XXX-XX-3415		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
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	13 Stat emp. Ret. plan 3rd party sick pay		
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15 State	Employer's state ID no.	16 State wages, tips, etc.	
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

Federal Filing Copy	
W-2 Wage and Tax Statement	2022
Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008	

State Filing Copy	
W-2 Wage and Tax Statement	2022
Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008	

City or Local Filing Copy	
W-2 Wage and Tax Statement	2022
Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008	