22222	a Employee's social security number 128-00-XXXX	OMB No. 1545-0029	
b Employer identification number (EIN) 25-7XXXXXX		1 Wages, tips, other compensation $25,000	2 Federal income tax withheld $2,500
c Employer's name, address, and ZIP code Fashionista 210 Main St. YOUR CITY, YOUR STATE, ZIP		3 Social security wages $25,000	4 Social security tax withheld $1,550
		5 Medicare wages and tips $25,000	6 Medicare tax withheld $362.50
		7 Social security tips	8 Allocated tips
d Control number		9	10 Dependent care benefits
e Employee's first name and initial: Sarah	Last name: Knox	11 Nonqualified plans	12a Code DD $2,500
410 Broadway Drive YOUR CITY, YOUR STATE, ZIP		13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐	12b Code
		14 Other	12c Code
			12d Code
f Employee's address and ZIP code			

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
YS	25-7XXXXXX	$25,000				

Form W-2 Wage and Tax Statement 2025 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
Livewell Inc. 322 Palmer Rd. YOUR CITY, YOUR STATE, ZIP	$ 19,000	2025	
	2a Taxable amount $ 19,000	Form 1099-R	
	2b Taxable amount not determined ☐ Total distribution ☐		Copy 1 For State, City, or Local Tax Department

PAYER'S TIN	RECIPIENT'S TIN	3 Capital gain (included in box 2a)	4 Federal income tax withheld
40-100XXXX	127-00-XXXX	$	$ 1,900

RECIPIENT'S name	5 Employee contributions/ Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities
Craig Knox	$	$
Street address (including apt. no.) 410 Broadway Drive	7 Distribution code(s) 7 — IRA/SEP/SIMPLE ☐	8 Other $ — %
City or town, state or province, country, and ZIP or foreign postal code YOUR CITY, YOUR STATE, ZIP	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.	12 FATCA filing requirement	14 State tax withheld	15 State/Payer's state no.	16 State distribution
$		☐	$		$
			$		$
Account number (see instructions)		13 Date of payment	17 Local tax withheld	18 Name of locality	19 Local distribution
			$		$

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2025 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name	Box 2. Beneficiary's Social Security Number
CRAIG KNOX	**127-00-XXXX**

Box 3. Benefits Paid in 2025	Box 4. Benefits Repaid to SSA in 2025	Box 5. Net Benefits for 2025 *(Box 3 minus Box 4)*
$15,500.00		**$15,500.00**

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit: $13,280

Medicare Part B premiums deducted from your benefits $2,220

DESCRIPTION OF AMOUNT IN BOX 4

Box 6. Voluntary Federal Income Tax Withholding

$0.00

Box 7. Address

410 Broadway Drive
YOUR CITY, YOUR STATE, ZIP

Box 8. Claim Number *(Use this number if you need to contact SSA.)*

Form **SSA-1099-SM** (6/2020) **DO NOT RETURN THIS FORM TO SSA OR IRS**

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1a Total ordinary dividends	OMB No. 1545-0110	**Dividends and Distributions**
Community Bank 123 Baldwin Avenue YOUR CITY, YOUR STATE, ZIP	$ 2,600	Form **1099-DIV** (Rev. January 2024)	
	1b Qualified dividends $ 2,600	For calendar year 2025	
	2a Total capital gain distr. $	2b Unrecap. Sec. 1250 gain $	**Copy B For Recipient**
PAYER'S TIN: 38-4XXXXXX	RECIPIENT'S TIN: 127-00-XXXX	2c Section 1202 gain $	2d Collectibles (28%) gain $
		2e Section 897 ordinary dividends $	2f Section 897 capital gain $
RECIPIENT'S name: Craig Knox		3 Nondividend distributions $	**4 Federal income tax withheld** $ 260
Street address (including apt. no.): 410 Broadway Drive		5 Section 199A dividends $	6 Investment expenses $
City or town, state or province, country, and ZIP or foreign postal code: YOUR CITY, YOUR STATE, ZIP		7 Foreign tax paid $	8 Foreign country or U.S. possession
		9 Cash liquidation distributions $	10 Noncash liquidation distributions $
11 FATCA filing requirement ☐		12 Exempt-interest dividends $	13 Specified private activity bond interest dividends $
Account number (see instructions)		14 State / 15 State identification no.	16 State tax withheld $

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 this income is taxable and the IRS determines that it has not been reported.

Form **1099-DIV** (Rev. 1-2024) (keep for your records) www.irs.gov/Form1099DIV Department of the Treasury - Internal Revenue Service

☐ CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number	1 Payments received for qualified tuition and related expenses	OMB No. 1545-1574	**Tuition Statement**
Baldwin University 3700 Baldwin Avenue YOUR CITY, YOUR STATE, ZIP	$ 10,000	2025 Form **1098-T**	
	2		
FILER'S employer identification no.: 89-7XXXXXX	STUDENT'S TIN: 129-00-XXXX	3	**Copy B For Student**
STUDENT'S name: Kim Knox		4 Adjustments made for a prior year $	5 Scholarships or grants $ 10,000
Street address (including apt. no.): 410 Broadway Drive		6 Adjustments to scholarships or grants for a prior year $	7 Checked if the amount in box 1 includes amounts for an academic period beginning January–March 2026 ☐
City or town, state or province, country, and ZIP or foreign postal code: YOUR CITY, YOUR STATE, ZIP			
Service Provider/Acct. No. (see instr.)	8 Checked if at least half-time student ☐	9 Checked if a graduate student ☐	10 Ins. contract reimb./refund $

This is important tax information and is being furnished to the IRS. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.

Form **1098-T** (keep for your records) www.irs.gov/Form1098T Department of the Treasury - Internal Revenue Service