

NGAI Relief Foundation, Inc.

Relief Grant Application Form



Mission Statement:

"To provide emergency assistance and relief to members of the Illinois National Guard and their families during periods of personal or financial distress"

Contact your local Military and Family Readiness Specialist / Airmen and Family Readiness

Specialist for NGAI for application assistance.

Visit: <https://www.ngai.com> for more information

NGAI Relief Foundation (NGAIRF) Overview

Overview:	
<p>The NGAI Relief Fund is a private, non-profit, tax exempt activity of the National Guard Association of Illinois. It is not an Army or Department of Defense organization. Funds are not for use by the Army and the government cannot dictate the use of funds. Our mission is accomplished by giving funds to service members and their families for limited financial relief.</p>	
Stipulations:	Who is Eligible?
<ul style="list-style-type: none"> • Meet eligibility requirements • Submit written application packet • Provide required documents • Note: This is NOT an emergency relief fund (approximate processing time is 30 days) 	<p>Illinois Army or Air National Guard Service Members (SM) in good standing are eligible to apply. <i>(*Eligibility to apply does not guarantee a grant award. Application packet must prove a financial hardship related to deployment or unexpected event(s) beyond his or her control)</i></p>
National Guard Hardship Grant	
<ul style="list-style-type: none"> • Up to \$5,000 (Max) • Targeted towards Title 32 status (AGR, Dual Status, and MDay) • Prove an unexpected financial hardship beyond his/her control • National Guard Member in good standing • Benefit paid directly to identified creditors <p><i>(Members on T10 status should apply to AER, AFAS, or IMFRF)</i></p>	
Eligible Areas of Assistance (including but not limited to):	Ineligible Areas of Assistance (including but not limited to):
<ul style="list-style-type: none"> • Non-receipt of pay • Loss of income • Medical, dental, & hospital expenses • Clothing • Utilities • Fire or other disasters • Essential repairs to privately owned vehicle • Unexpected major home repairs • Dependent funerals expenses • Rent/Mortgage payments • Food • Other essential expenses approved by the committee 	<ul style="list-style-type: none"> • Divorce/marriage expenses • Lease or purchase of a vehicle • Ordinary leave • Continuing assistance (same hardship, multiple applications) • Bad checks • Liquidation or consolidation of debts • Business ventures or investments • Goods/items of convenience or luxury • Court fees, fines, judgments, liens, bails, legal fees, income tax, or child support • Civil suits/bankruptcies • Credit cards • Student loans/college tuition • Cell phone bills • Personal Loans

If Granted: Checks will not be issued to the service member or family member. All checks will be made payable to the creditor/service provider directly

NGAIRF Application - Service Member Basic Information

Military Member's Information

Name: <u>Bryanna Thompson</u>		Birth Date: <u>01/03/2003</u>
Home Address: <u>16W525 Mockingbird Lane #205</u>		
City: <u>Willowbrook</u>	State: <u>IL</u>	ZIP: <u>60527</u>
Best Contact Phone: <u>708-475-3353</u>		Civilian Email: <u>Bryanna103@gmail.com</u>
Rank: <u>SPC</u>	SSN (last 4) <u>0960</u>	
Employment Status (pick one): Employed: <input checked="" type="checkbox"/> Unemployed/Underemployed: <input type="checkbox"/>		
Home station Unit of Assignment: <u>13838 S Springfield Ave, Robbins, IL</u>		
Is Member married? <u>No</u> IF NO, does Member have a family member in DEERS? <u>No</u>		

Spouse's or Cohabiting Partner Information (or if other than military member)

Name: <u>Patricia Wilkerson</u>		SSN (last 4): <u>7146</u>
Mailing Address: <u>16W525 Mockingbird Lane #205</u>		
City: <u>Willowbrook</u>	State: <u>IL</u>	ZIP: <u>60527</u>
Phone: <u>708-986-8323</u>	Relationship to Military Member: <u>Significant other</u>	
Employment Status (pick one): Employed: <input checked="" type="checkbox"/> Unemployed/Underemployed: <input type="checkbox"/>		

I/We **HAVE / HAVE NOT** (Circle One) previously applied for the National Guard Association of Illinois Relief Fund grant.

I/We **ARE / ARE NOT** (Circle One) currently in a Title 32 Status (AGR, Dual Status Technician, or MIDay).

I verify that service member is in good standing (not flagged/barred - no AWOL's in previous 12 months) with the unit and all necessary documentation is attached. (Unit Representative)

Name: Wm dy SSG Wendy Duran
Position/Title: Training NCO Phone Number: 309-567-6310

NGAIRF Application – Expense Urgency Disclosure

This page is intended to evaluate the Service Member's (SM) current need and should be filled out as accurately as possible by the Family Assistance Personnel (FAS).

Military and Family Readiness Specialist / Airmen and Family Readiness Program Manager

Specialist: Ivy Sanek

Location: Crestwood

Which type of hardship(s) are you facing (check all that apply)?

1. Illness / Medical emergency: Appendicitis
2. Job Loss / Reduced compensation:
3. Family emergency / Death in family:
4. Natural disaster / Accident: Rock Chip
- Other (please specify below):

For each expense type, rate the **AVERAGE** urgency of your expenses **ONE** of the following (check one box per row):

- **1 – Less Urgent:** Due in a month or more
- **2 – Moderately Urgent:** Due in less than two weeks
- **3 – Extremely Urgent:** Due now (as of application date) or past due

	Expense Type	1	2	3
1	Medical / Dental Expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Rent / Mortgage Payments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Car Payments for Essential Vehicle(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Funeral Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Insurance Payments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Unexpected Repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Utilities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	Other (any eligible expense not covered in above categories)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NGAIRF Application - Ineligible Expense Disclosure

Is SM underemployed/unemployed **currently**? _____ Yes No

If SM answers the above question as **NO**, please describe the ineligible expenses where current income is being spent. Ineligible expenses are listed on the first page of the application and the sheet below should only contain **major ineligible expenses** that constitute a **significant** portion of your current income/savings (i.e. student/personal loans, legal expenses/fees, *extra* homes/vehicles, travel expenses, cell/cable bills, etc.)

This is **REQUIRED** for the application review committee to determine eligibility for either Fund A or Fund B.

Note additional supporting documentation **IS NOT REQUIRED** for the expenses listed below at this point. However, NGAIRF **MAY REQUEST** additional documentation prior to fund approval if deemed necessary to make a fair evaluation of your application.

Budgeting Sheet for Ineligible Expenses:

Expense Name	Brief Description	Recurring? (Yes/No)	Cost (\$)
Rent	rent for apartment	yes	\$1760
car note		yes	\$854
car repair	Windshield Repair	no	\$1675
Medical bills	Emergency room visit and radiologist	no	\$365.82
Phone bill		yes	\$170
TOTAL			\$4,824.82

Please use the box below to add additional information/context to the above expenses. Using the space below is **optional but recommended**:

I recently had an emergency appendectomy due to having appendicitis. I am still undergoing health complications but able to work fulltime again. I fell behind due to being hospitalized and other unforeseen emergencies such as my windshield being cracked.

Income:

NGAIRF Application - Eligible Expense Disclosure & Documentation

Total SM civilian monthly income (after taxes; before deployment): \$ 2,400
 Total Military monthly income (after taxes): \$ 290
 Total Household monthly income (include spouse, roommates, etc.): \$ 4800
 Estimated total monthly living expenses: \$ 3,550

I (Printed Name) Bryanna Thompson am requesting a grant* to pay for the following items:

*All grant payments will be made to the service provider directly

Bills:

List bills in order of importance (overdue first). **Payment Address** of creditors MUST BE INCLUDED with bills

Item (Repair, Electric, Rent, etc.)	Service Provider (Company Name & Phone Number)	Amount (\$)
1. <u>Rent</u>	<u>ECA Waterfall Glen 630-986-1855</u>	\$ <u>1760</u>
2. <u>Repair</u>	<u>Family Hyundai 708-444-7100</u>	\$ <u>1675</u>
3. <u>Medical bill</u>	<u>Northwestern Medicine 865-694-2866</u>	\$ <u>300.75</u>
4. <u>Medical bill</u>	<u>ENVISION Physician bill 833-769-5709</u>	\$ <u>65.07</u>
5. <u>Phone bill</u>	<u>AT&T 888-243-7145</u>	\$ <u>170</u>
6. _____	_____	\$ _____
7. _____	_____	\$ _____

(Please use extra sheets if additional space if necessary) Total Amount Requested \$ 3,970.82

Required Documents

Please initial to the left of each item below when each item is attached. Incomplete packets WILL NOT be accepted for review.

<u>B.T</u>	(TAB A) Attach a written statement or letter from a server member describing the financial hardship that the grant will be used for. Please describe the circumstances that caused the hardship
<u>BT</u>	(TAB B) Attach copies of bills/invoices/estimates/notices for expenses the grant will be used for
<u>BT</u>	(TAB C) Attach a copy of two of your most recent civilian paystubs (include spouse's if married)
<u>BT</u>	(TAB D) Attach a copy of two of your most recent military (LES) Salary
<u>BT</u>	(TAB E) Attach a copy of your most recent W-2s AND 1040 Tax Return
<u>BT</u>	(TAB F) Attach copies of the signed Financial Verification of Services form, and Employment Verification of Services form, if under or unemployed. Forms follow here.



DEPARTMENT OF THE ARMY
ILLINOIS ARMY NATIONAL GUARD
710TH MEDICAL COMPANY AREA SUPPORT
13838 SOUTH SPRINGFIELD AVENUE
CRESTWOOD, ILLINOIS 60418-3325

NGIL-SMD-BCO


20 February 2024

MEMORANDUM FOR RECORD

SUBJECT: Letter of Service

1. This memorandum is to verify that SPC Thompson, Bryanna is currently serving as an active member of the Illinois Army National Guard. SPC Thompson is assigned to 710TH MCAS as of 20201120 . SPC Thompson is currently in an Honorable status and is also in good standard with the 710th MCAS, and the Illinois National Guard.

2. The point of contact for this is SFC Hickmon, Therronn @ (309) 567-6037 or Therronn.l.hickmon.mil@army.mil


SANDRA J. LEESON
CPT, MS, ILARNG
Commanding

Hi,

To whom it may concern,

I am reaching out for assistance with my bills as I have fallen behind due to unexpected events. In December, I underwent an emergency appendectomy for appendicitis, requiring me to take 6 weeks off work. Since then, I have been facing challenges in meeting my financial obligations. Additionally, my windshield was cracked by a rock during the recent extreme cold weather, and I need to have it repaired. Any support to help me get back on track financially would be greatly appreciated, especially as I am currently in the midst of moving. Thank you for considering my request.

A handwritten signature in black ink, appearing to read "D. Th..." with a long horizontal line extending to the right.

02/20/2024



Dear: Bryanna Thompson and Patricia Wilkerson

Date: 02/07/2024

Your move in date is Saturday, February 24th, 2024. Please reserve a time to pick up keys. Your new address is:

16W525 Mockingbird Lane #205, Willowbrook, IL 60527

Your building and unit number are 28-205 which you will write on all payments and use whenever calling in a work order.

The following documentation must be provided in order to receive your keys:

- Provide your ComEd account number. _____
To connect ComEd Services call 1-800-334-7661. (For ComEd, instead of Willowbrook, IL use Downers Grove Township, IL as the city)
- Provide proof of renter's insurance. You can choose whichever provider you like. Waterfall Glen needs to be added as an "Additional Interest" on the policy.
- Provide all pet information if applicable. (Proof of rabies shot, paperwork from vet verifying breed and weight, picture of pet.)
- Provide vehicle information.
 - We require all tenant to have a vehicle resident pass in order to park on the property (\$5 for an additional); as well, we highly recommend purchasing a pack of guest passes to have on hand when moving in (\$5)
- Provide emergency contact information. (Name, phone number, and address.)
- Pay all move-in monies due via certified funds and made payable to **FCA Waterfall Glen**.
 - Please note that security deposit payment needs to be on a separate cashier's check/MO

\$1,760.00 - Security Deposit – Due: 02/09/2024 – 3 days after approval

Total due at move in- \$2,124.14 – (rent – as follows)

- \$364.14 – February Rent due at Move In – Prorated (2/24-2/29)
- \$1,760.00 - March Rent due at Move In

Your next full month's rent payment of \$1,760.00 is due 04/01/2024.



Repair Estimate

PREPARED FOR
BRYANNA THOMPSON
(708) 475-3353

Service Advisor
Crystal Duran (1431)
durancrystal03@gmail.com

Date 02/20/2024 01:17 PM
2023 Hyundai TUCSON HYBRID
VIN KM8JECA12PU123148
Mileage 15,000
RO# 544959

Service Name	Price
[Primary]: 20HYZ : MISC BODY CUST WOULD LIKE AN ESTIMATE FOR A WINDSHIELD REPLACEMENT	\$0.00
Windshield Replacement	\$1234.11
Windshield Seal	\$338.60
Printed on February 20, 2024	
Quote expires on March 21, 2024	

Subtotal \$1572.71
Shop Charges \$14.00
Tax \$88.99
Total \$1675.70




Guarantor ID 14886478
Patient Bryanna Thompson
Statement Date 02/14/2024

Statement of Services

Balance Summary	
Payments Received Since Last Statement	\$ 0.00
Open Accounts	
Total Charges	\$ 2,533.00
Adjustments & Insurance Payments	-\$ 2,232.25
Patient Payments	\$ 0.00
Open Accounts Amount Due	\$ 300.75
Payment Plan Accounts	
Patient Payments	\$ 0.00
Outstanding Patient Balance	\$ 0.00
Payment Plan Amount Due	\$ 0.00
Minimum Amount Due	\$ 300.75

Important Information

Thank you for choosing Northwestern Medicine for your health care services. The amount due reflects your current patient responsibility as of the statement date and does not include any services that are still pending payment from an insurance carrier. Please remit your payment in full.

- MyNM**
Sign up or log in to MyNM to view statements and pay your bill. Visit my.nm.org to learn more.
 - Pay Online**
Visit nm.org/billpayment. Please have your statement ready.
- 
- Scan QR code for quick access
- Save time while you save paper. Sign up for paperless billing.
 - Customer Service**
For questions or to request an itemized bill
Call (855) 694-2866
Monday through Friday 8:00 a.m. to 6:00 p.m.
 - Financial Assistance**
Northwestern Medicine has many financial assistance options available, including free care, discounted care for the uninsured and extended payment programs. You may be eligible for financial assistance under the terms and conditions Northwestern Medicine offers to qualified patients. For more information, please contact Financial Counseling toll free at 800-423-6923 or 312-926-6906. To obtain a free copy of Northwestern Medicine's financial assistance policy, plain language summary, and application please visit mybill.nm.org/financial-assistance.
 - Please see reverse side for account detail.



000146864780000300756

BRYANNA THOMPSON
637 E 161ST ST
SOUTH HOLLAND, IL 60473-1651

3481

Northwestern Medicine
PO Box 4090
Carol Stream, IL 60197-4090

Guarantor ID 14886478
Due Date 03/06/24
Minimum Amount Due \$ 300.75

You can easily pay by debit or credit card.

- Go to nm.org/billpayment
- Log into your MyNM account and click on Billing Center
- Call the customer service number at the top of the statement

Form Inv # 2089168223

Call us at (855) 694-2866 for billing help.

Pay this bill online at nm.org/billpayment.



Guarantor ID 14886478
Patient Bryanna Thompson
Statement Date 02/14/2024

Statement of Services

Date of Service	Description of Services	Charges	Adjustments/ Ins Payments	Patient Payments	Amount Due
10/15/23	Anesth,Surg Lower Abdomen	\$ 2,260.00			
	Anes Comp by Emergency Conditions Specifi	\$ 263.00			
	Adjustments & Payments		-2,232.25		
Total		\$ 2,533.00	-2,232.25	0.00	\$300.75
Total All Services		\$ 2,533.00	-2,232.25	0.00	\$300.75

13:51



Back

Billing

Close

Thank you for choosing Northwestern Medicine for your health care services. The amount due reflects your current patient responsibility as of the statement date and does not include any services that are still pending payment from an insurance carrier. Please remit your payment in full.

Financial assistance is available for patients who are unable to pay their bills. For more information, please contact Financial Counseling toll free at 800-423-0523 or 312-926-6936. To obtain a free copy of Northwestern Medicine's financial assistance policy, plain language summary, and application please visit mybill.nm.org/financial-assistance.

➔ Please see reverse side for account detail.

M Northwestern Medicine



000148864780000300756

BRYANNA THOMPSON
637 E 161ST ST
SOUTH HOLLAND, IL 60473-1651

3491

Northwestern Medicine
PO Box 4090
Carol Stream, IL 60197-4090

Stmt Inv # 2089188223

☎ Call us at (855) 694-2866 for billing help.

💻 Pay this bill online at nm.org/billpayment

You can easily pay by debit or credit card.

- Go to nm.org/billpayment
- Log into your MyNM account and click on Billing Center
- Call the customer service number at the top of the statement

M Northwestern Medicine

Guarantor ID 14886478
Patient Bryanna Thompson
Statement Date 02/14/2024

Statement of Services

Page 2

	Date of Service	Description of Services	Charges	Adjustments/ Ins Payments	Patient Payments	Amount Due
Professional Services	12/15/23	Anesth, Surg Lower Abdomen	\$ 2,250.00			
Account # 152754781		Anesth Comp by Emergency Conditions Specify	\$ 283.00			
Paterson, Bradford G., MD		Adjustments & Payments		-2,232.25		
Parkland Hospital						
		Total \$	2,533.00	-2,232.25	0.00	\$300.75
Total All Services			\$ 2,533.00	-2,232.25	0.00	\$300.75

Estimated Hospital Charges

Consistent with our Patient's Experience financial counselors are available to assist patients who have questions about the charges for services or procedures they may receive at Northwestern Medicine Hospitals and care clinics. Estimates are based on charges for anticipated routine care and recovery, taking into consideration insurance coverage, co-payments, deductibles, coinsurance and other information that may affect patients' out-of-pocket costs. Estimated charges for the services or procedures to be performed will be based on data obtained from the most recent year.

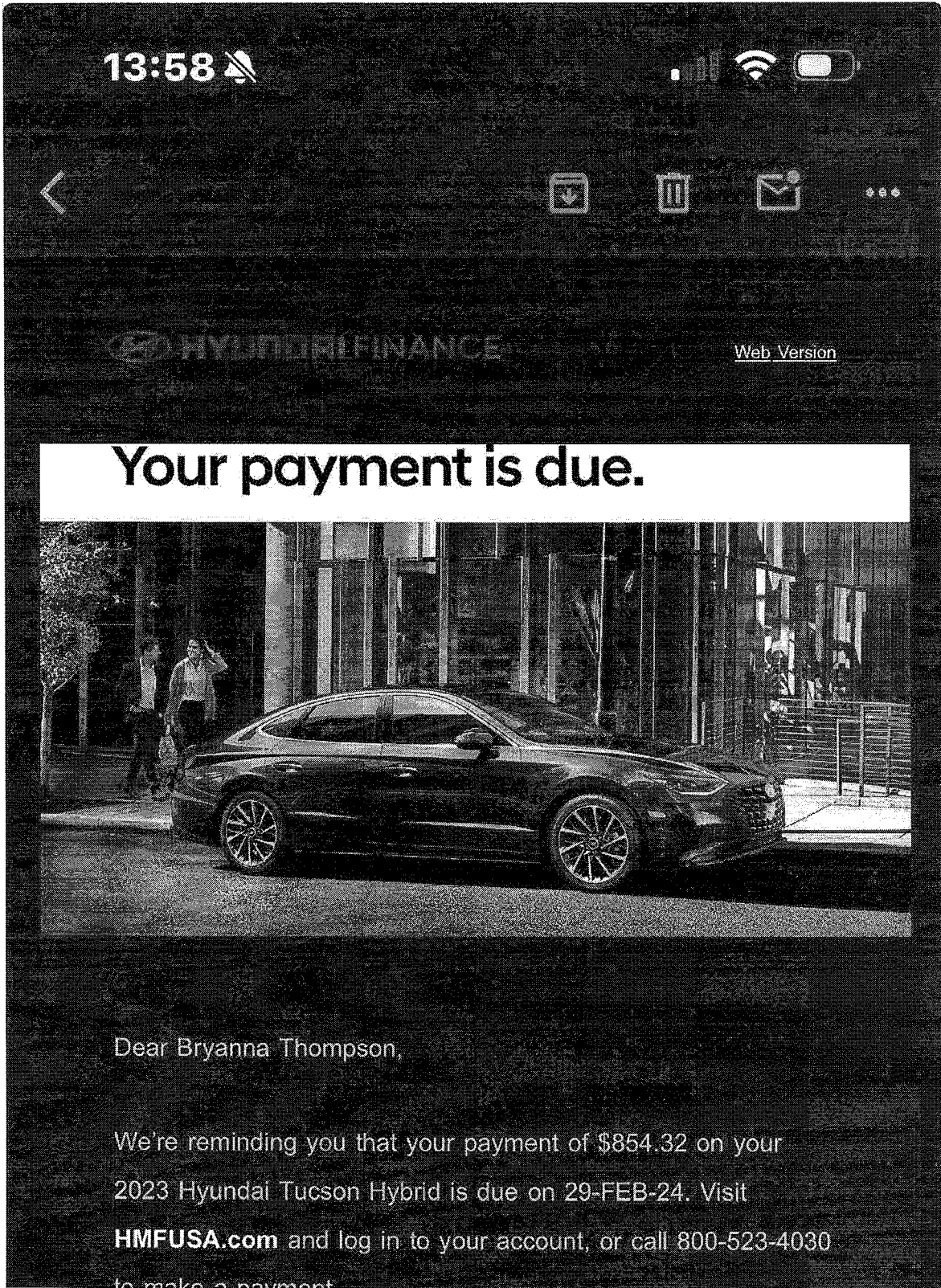
To obtain information regarding the estimated charges of services or procedures, please call:

Financial Counseling
800-423-0523
Monday through Friday, 8 a.m. to 5 p.m.

An estimate regarding the charges for services or procedures will normally be provided within two business days.

Actual charges on the final bill may vary from the estimate based on the patient's medical condition, unknown circumstances or complications. Final diagnosis and additional recommended treatment ordered by the physician(s). As a result, the final bill may be greater than or less than the estimate provided. Northwestern Medicine makes no guarantee regarding the accuracy of the pricing estimate.

From: [Bryanna Thompson](#)
To: [Saneek, Ivy Lynn CIV NG ILARNG \(USA\)](#)
Subject: Last bill
Date: Tuesday, February 20, 2024 2:01:24 PM



to make a payment.

Account Ending in: 6496

Amount Due*: \$854.32

Payment Due Date: 29-FEB-24

Thank you for choosing Hyundai Motor Finance.

*To review your most up to date balance, please log-in to your account at hmfusa.com or click on the "Make a payment" link below.

Make a payment

From: [Bryanna Thompson](#)
To: [Sanek, Ivy Lynn CIV NG ILARNG \(USA\)](#)
Subject: Bills
Date: Tuesday, February 20, 2024 1:59:46 PM
Attachments: [RepairEstimate_544959.pdf](#)



 **Envision**
PHYSICIAN SERVICES



Bryanna's Outpatient Appointment with RICHARD SCHMITT, MD

Service Date: October 1, 2023

Account Number: HVP121501599

Visit Number: HVP420P10012023121501599



Your bill is overdue. Please pay this balance or make payment arrangements.

Total Charges	\$1,307.00
----------------------	-------------------

99284 - EMERGENCY EVAL & MGMT \$1,307.00
(LVL 4)

Insurance Payments and Adjustments - \$1,241.93

Insurance and Provider Adjustments - \$1,090.09

Amount Insurance Paid -\$151.84

Amount Due
\$65.07



Make a Payment

billpay.envisionhealth.com



Envision
PHYSICIAN SERVICES



payment arrangements.

Total Charges \$1,307.00

99284 - EMERGENCY EVAL & MGMT \$1,307.00

(1 of 4)

(L V L T)

Insurance Payments and Adjustments	- \$1,241.93
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Insurance and Provider Adjustments	- \$1,090.09
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Amount Insurance Paid	-\$151.84
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Previous Payments	\$0.00
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Balance You Owe	\$65.07
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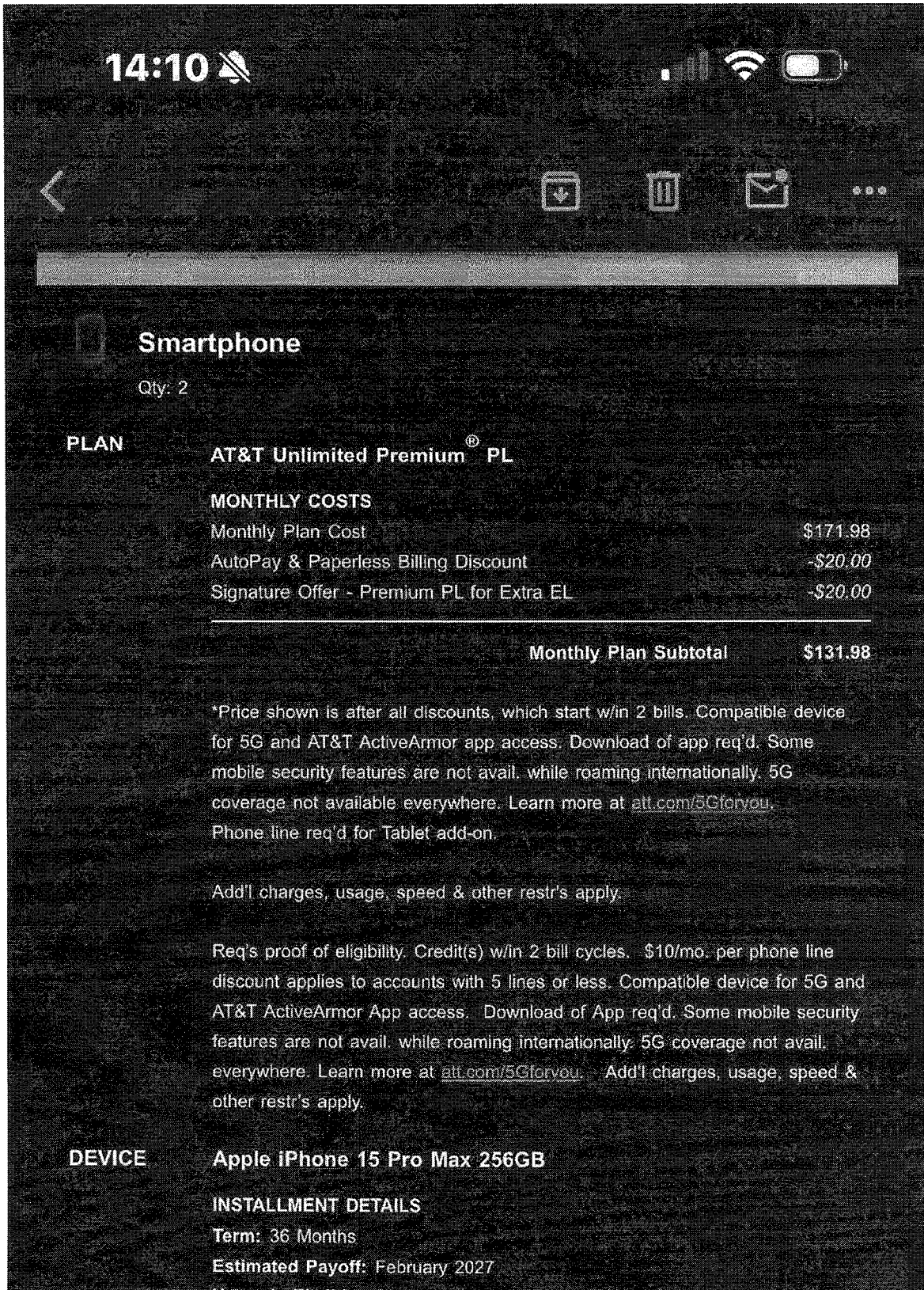
Amount Due
\$65.07

Make a Payment



 billpay.envisionhealth.com

From: [Bryanna Thompson](#)
To: [Saneek, Ivy Lynn CIV NG ILARNG \(USA\)](#)
Date: Tuesday, February 20, 2024 2:11:34 PM



14:10

Smartphone

Qty: 2

PLAN	AT&T Unlimited Premium [®] PL
MONTHLY COSTS	
Monthly Plan Cost	\$171.98
AutoPay & Paperless Billing Discount	-\$20.00
Signature Offer - Premium PL for Extra EL	-\$20.00
<hr/>	
	Monthly Plan Subtotal \$131.98

*Price shown is after all discounts, which start w/in 2 bills. Compatible device for 5G and AT&T ActiveArmor app access. Download of app req'd. Some mobile security features are not avail. while roaming internationally. 5G coverage not available everywhere. Learn more at att.com/5Gforyou. Phone line req'd for Tablet add-on.

Add'l charges, usage, speed & other restr's apply.

Req's proof of eligibility. Credit(s) w/in 2 bill cycles. \$10/mo. per phone line discount applies to accounts with 5 lines or less. Compatible device for 5G and AT&T ActiveArmor App access. Download of App req'd. Some mobile security features are not avail. while roaming internationally. 5G coverage not avail. everywhere. Learn more at att.com/5Gforyou. Add'l charges, usage, speed & other restr's apply.

DEVICE	Apple iPhone 15 Pro Max 256GB
INSTALLMENT DETAILS	
Term:	36 Months
Estimated Payoff:	February 2027

Upgrade Eligible with Turn-In: August 2025 (50% paid at 18 months)

MONTHLY COSTS

Installment	\$66.68
	<i>for 36 months</i>
Next Up Upgrade Feature	\$12.00
	<i>for 36 months</i>
AT&T Protect Advantage for 1	\$34.00
Premium Device Trade-in Offer	-\$55.56
	<i>for 36 months</i>

Monthly Device Subtotal **\$57.12**
\$34.00 after 36 months

TOTAL for Smartphone

Monthly Costs **\$189.10**
\$165.98 after 36 months
One-Time Costs **\$0.00**



AT&T TOTAL
Excludes taxes and other fees

Monthly Costs **\$189.10**
\$165.98 after 36 months
One-Time Costs **\$0.00**

Pricing, offers and discounts may be subject to specific qualification and eligibility and/or

DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY LEAVE AND EARNINGS STATEMENT

ID	NAME (Last, First, MI)	SOC. SEC. NO.	GRADE	PAY DATE	YRS SVC	ETS	BRANCH	ADSN/DSSN	PERIOD COVERED
	THOMPSON BRYANNA N	***-**-0960	E04	201110	03	261109	ARNG	5570	CHK DT 231220

ENTITLEMENTS		DEDUCTIONS		ALLOTMENTS		SUMMARY	
Type	Amount	Type	Amount	Type	Amount	+Amt Fwd	
A B C D E F G H I J K L M N O	BASIC PAY	184.94	FED INC TAX	6.91		+TOT ENT 184.94	
			FICA TAX	14.15		-TOT DED 61.31	
			SGLI	31.00		-TOT ALMT	
			TSP CONTRIBUTION	9.25		=NET AMT 123.63	
						-CR FWR	
					=EOM PAY		
						DIEMS	RET PLAN
TOTAL		184.94	61.31				

FED TAXES	Wage Period	Wage YTD	M/S/H	Mult Jobs	Dep 17 Under	Other Dep	Add'l Tax	Other Deds	Other Income	Tax YTD
	175.69	5173.04	S	N	00	00	.00	.00	.00	206.67

FICA TAXES	Wage Period	Soc Wage YTD	Soc Tax YTD	Med Wage YTD	Med Tax YTD	STATE TAXES	St IL	Wage Period	Wage YTD	M/S	Ex	Tax YTD
	184.94	5445.21	337.60	5445.21	78.96			175.69	5173.04	S	00	.00

PAY DATA	BAQ Type	BAQ Depn	VHA Zip	Rent Amt	Share	Stat	JFTR	Depns	2D JFTR	BAS Type	Charity YTD	TPC	PACIDN
	W/O DEP	NO DEP	00000									A	

TRADITIONAL PLAN (TSP)	Base Pay Rate	Base Pay Current	Spec Pay Rate	Spec Pay Current	Inc Pay Rate	Inc Pay Current	Bonus Pay Rate	Bonus Pay Current
	5	9.25	5	.00	5	.00	5	.00

ROTH PLAN	Base Pay Rate	Base Pay Current	Spec Pay Rate	Spec Pay Current	Inc Pay Rate	Inc Pay Current	Bonus Pay Rate	Bonus Pay Current
	0	.00	0	.00	0	.00	0	.00

CONTRIBUTIONS TOTALS	YTD Deductions	YTD TSP Deferred	YTD TSP Exempt	YTD ROTH	YTD TSP AGCY-AUTO	YTD TSP AGCY-MATCH
	272.26	272.26	.00	.00	54.46	217.80

CM AGCY CONTR	AGCY-AUTO	AGC-MATCH	LEAVE	BF Bal	Ernd	Used	Cr Bal	ETS Bal	Lv Lost	Lv Paid	Use/Lose
	1.85	7.40		16.0	.0	0	16.0		.0	.0	.0

REMARKS: YTD ENTITLE 6068.71 YOUR CHECK WAS SENT TO: BANK OF AMERICA, N.A. DIRECT DEPOSIT DATE: 12/20/23 AMOUNT: \$123.63 * AS OF 10 NOV 20, 000 HIGH TEMPO DEPLOYMENT DAYS ACCRUED SINCE 1 OCT 00 (OR SINCE ENTERING MILITARY SERVICE) TOTAL PERFORMANCE FY 24: UTA 14 AFTP 00 ET 00 ATA 00 JPT 00 AAUTA 00 AANT 00 RMA 00 SUP IDT TNG 00 MCOFT 00 RMAM 00 AT/ADT 000 FHDA 000 INACTIVE DUTY TRAINING 09 DEC 23 1 09 DEC 23 2 YOUR CURRENT STATE CLAIMED IS: ILLINOIS	YTD DEDUCT 1351.70 SERVICEMEMBER GROUP LIFE INSURANCE COVERAGE: \$500,000 YOUR SGLI DEDUCTION INCLUDES TRAUMATIC INJURY PROTECTION (TSGLI) SPOUSE SGLI COVERAGE: NONE PLEASE VERIFY YOUR STATE OF LEGAL RESIDENCE FOR STATE INCOME TAX PURPOSE. CONTACT YOUR PAYROLL OFFICE TO FILE A NEW DD FORM 2058 TO CHANGE/ESTABLISH THE CORRECT STATE IMMEDIATELY. -RESERVE COMPONENT MEMBERS AND FAMILY ARE ELIGIBLE FOR FEDVIP VISION COVERAGE IF ENROLLED IN A TRICARE HEALTH PLAN. LEARN MORE THIS OPEN SEASON AT BENEFEDS.COM/MILITARY.
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DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY LEAVE AND EARNINGS STATEMENT

ID	NAME (Last, First, MI)	SOC. SEC. NO.	GRADE	PAY DATE	YRS SVC	ETS	BRANCH	ADSN/DSSN	PERIOD COVERED
	THOMPSON BRYANNA N	***-**-0960	E04	201110	03	261109	ARNG	5570	CHK DT 240223

ENTITLEMENTS		DEDUCTIONS		ALLOTMENTS		SUMMARY		
Type	Amount	Type	Amount	Type	Amount	+Amt Fwd		
A B C D E F G H I J K L M N O	BASIC PAY		389.12	FED INC TAX	14.48		+TOT ENT	389.12
				FICA TAX	29.76		-TOT DED	94.68
				SGLI	31.00		-TOT ALMT	
				TSP CONTRIBUTION	19.44		=NET AMT	294.44
							-CR FWR	
							=EOM PAY	
	TOTAL		389.12		94.68		DIEMS	RET PLAN

FED TAXES	Wage Period	Wage YTD	M/S/H	Mult Jobs	Dep 17 Under	Other Dep	Add'l Tax	Other Deds	Other Income	Tax YTD
	369.68	739.34	S	N	00	00	.00	.00	.00	28.97

FICA TAXES	Wage Period	Soc Wage YTD	Soc Tax YTD	Med Wage YTD	Med Tax YTD	STATE TAXES	St IL	Wage Period	Wage YTD	M/S	Ex	Tax YTD
	389.12	778.24	48.25	778.24	11.28			369.68	739.34	S	00	.00

PAY DATA	BAQ Type	BAQ Depn	VHA Zip	Rent Amt	Share	Stat	JFTR	Depns	2D JFTR	BAS Type	Charity YTD	TPC	PACIDN
	W/O DEP	NO DEP	00000									A	

TRADITIONAL PLAN (TSP)	Base Pay Rate	Base Pay Current	Spec Pay Rate	Spec Pay Current	Inc Pay Rate	Inc Pay Current	Bonus Pay Rate	Bonus Pay Current
	5	19.44	5	.00	5	.00	5	.00

ROTH PLAN	Base Pay Rate	Base Pay Current	Spec Pay Rate	Spec Pay Current	Inc Pay Rate	Inc Pay Current	Bonus Pay Rate	Bonus Pay Current
	0	.00	0	.00	0	.00	0	.00

CONTRIBUTIONS TOTALS	YTD Deductions	YTD TSP Deferred	YTD TSP Exempt	YTD ROTH	YTD TSP AGCY-AUTO	YTD TSP AGCY-MATCH
	38.90	38.90	.00	.00	7.79	31.12

CM AGCY CONTR	AGCY-AUTO	AGC-MATCH	LEAVE	BF Bal	Ernd	Used	Cr Bal	ETS Bal	Lv Lost	Lv Paid	Use/Lose
	3.90	15.56		16.0	.0	0	16.0		.0	.0	.0

<p>REMARKS:</p> <p>YTD ENTITLE 778.24</p> <p>YOUR CHECK WAS SENT TO: BANK OF AMERICA, N.A. DIRECT DEPOSIT DATE: 02/23/24 AMOUNT: \$294.44 * AS OF 10 NOV 20, 000 HIGH TEMPO DEPLOYMENT DAYS ACCRUED SINCE 1 OCT 00 (OR SINCE ENTERING MILITARY SERVICE) TOTAL PERFORMANCE FY 24: UTA 22 AFTP 00 ET 00 ATA 00 JPT 00 AAUTA 00 AANT 00 RMA 00 SUP IDT TNG 00 MCOFT 00 RMAM 00 AT/ADT 000 FHDA 000 INACTIVE DUTY TRAINING 12 FEB 24 1 13 FEB 24 1 12 FEB 24 2 INACTIVE DUTY TRAINING 13 FEB 24 2 YOUR CURRENT STATE CLAIMED IS: ILLINOIS</p>	<p>YTD DEDUCT 189.40</p> <p>SERVICEMEMBER GROUP LIFE INSURANCE COVERAGE: \$500,000 YOUR SGLI DEDUCTION INCLUDES TRAUMATIC INJURY PROTECTION (TSGLI) SPOUSE SGLI COVERAGE: NONE PLEASE VERIFY YOUR STATE OF LEGAL RESIDENCE FOR STATE INCOME TAX PURPOSE. CONTACT YOUR PAYROLL OFFICE TO FILE A NEW DD FORM 2058 TO CHANGE/ESTABLISH THE CORRECT STATE IMMEDIATELY. -RESERVE COMPONENT MEMBERS AND FAMILY ARE ELIGIBLE FOR FEDVIP VISION COVERAGE IF ENROLLED IN A TRICARE HEALTH PLAN. LEARN MORE THIS OPEN SEASON AT BENEFEDS.COM/MILITARY.</p>
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NM HealthCare
251 East Huron Street
Chicago, IL 60611

Pay Group: N-E-NMHC Non-exempt	Business Unit: NM521
Pay Begin Date: 01/07/2024	Advice #: 00000008716822
Pay End Date: 01/20/2024	Advice Date: 01/26/2024

Bryanna Thompson 637 E 161st St South Holland, IL 60473-1651	Employee ID: 310116	TAX DATA: Federal IL State
	Department: S730-PH Emergency Room	Marital Status: Single N/A
	Location: Palos Community Hosp.: FL01	Allowances: 0 0
	Job Title: ED Tech-Palos	Addl. Pct.:
	Pay Rate: S23.246300 Hourly	Addl. Amt.:

HOURS AND EARNINGS						TAXES			
Description	Rate	Current		YTD		Description	Current	YTD	
		Hours	Earnings	Hours	Earnings				
Regular Pay	23.246300	12.00	278.96	12.00	278.96	Fed Withholding	126.21	303.78	
Tech 2nd Shift Df	2.750000	4.50	12.38	4.50	12.38	Fed MED/EE	19.92	43.56	
Paid Time Off	23.246300	1.30	30.22	4.82	112.05	Fed OASDI/EE	85.18	186.26	
Short-Term Illness Injury Plan	23.246300	44.25	1,028.65	96.45	2,242.11	IL Withholding	61.89	135.33	
Reg- Indirect Other	23.246300	1.00	23.25	1.00	23.25				
Holiday PTO			0.00	14.40	334.74				
Total:		63.05	1,373.46	133.17	3,003.49	Total:	293.20	668.93	
BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS			
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD	
NM 401K	123.61	270.31				Group Term Life FT	0.70	1.40	
						Group Term Life FT*	0.37	0.74	
						Accidental Death FT	0.42	0.84	
						Long Term Disability Basic	2.64	5.28	
						NM 401K	82.41	180.21	
Total:	123.61	270.31	Total:	0.00	0.00	* Taxable			
TOTAL GROSS		FED TAXABLE GROSS		TOTAL TAXES		TOTAL DEDUCTIONS		NET PAY	
Current:	1,373.46	1,250.22	293.20	123.61	956.65				
YTD:	3,003.49	2,733.92	668.93	270.31	2,064.25				
PTO HOURS		Extended Illness Bank		Personal Holiday		Service Anniversary Bonus		NET PAY DISTRIBUTION	
Earned:	1.05					Advice #00000008716822	956.65		
Balance:	1.05	Balance:	0.00	Balance:	7.20	Balance:	0.00	Total:	956.65



251 East Huron Street
Chicago, IL 60611

Advice Date
01/26/2024

Advice No.
8716822

Deposit Amount: \$956.65

To The
Account(s) Of

Bryanna Thompson
637 E 161st St
South Holland, IL 60473-1651

Location: Palos Community Hosp.; FL01

DIRECT DEPOSIT DISTRIBUTION		
Account Type	Account Number	Deposit Amount
Checking	****1000	956.65
Total:		956.65

NON-NEGOTIABLE

NM HealthCare
251 East Huron Street
Chicago, IL 60611

Pay Group: N-E-NMHC Non-exempt	Business Unit: NM521
Pay Begin Date: 12/24/2023	Advice #: 00000008681612
Pay End Date: 01/06/2024	Advice Date: 01/12/2024

Bryanna Thompson 637 E 161st St South Holland, IL 60473-1651	Employee ID: 310116	TAX DATA: Federal IL State
	Department: S730-PH Emergency Room	Marital Status: Single N/A
	Location: Palos Community Hosp.: FL01	Allowances: 0 0
	Job Title: ED Tech-Palos	Addl. Pct.:
	Pay Rate: S23.246300 Hourly	Addl. Amt.:

HOURS AND EARNINGS						TAXES		
Description	Rate	Current		YTD		Description	Current	YTD
		Hours	Earnings	Hours	Earnings			
Holiday PTO	23.246300	14.40	334.74	14.40	334.74	Fed Withholding	177.57	177.57
Paid Time Off	23.246300	3.52	81.83	3.52	81.83	Fed MED:EE	23.64	23.64
Short-Term Illness Injury Plan	23.246300	52.20	1,213.46	52.20	1,213.46	Fed OASDI:EE	101.08	101.08
						IL Withholding	73.44	73.44
Total:		70.12	1,630.03	70.12	1,630.03	Total:	375.73	375.73

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
NM 401K	146.70	146.70				Group Term Life FT	0.70	0.70
						Group Term Life FT*	0.37	0.37
						Accidental Death FT	0.42	0.42
						Long Term Disability Basic	2.64	2.64
						NM 401K	97.80	97.80
Total:	146.70	146.70	Total:	0.00	0.00	* Taxable		

TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current: 1,630.03	1,483.70	375.73	146.70	1,107.60
YTD: 1,630.03	1,483.70	375.73	146.70	1,107.60

PTO HOURS	Personal Holiday	Service Anniversary Bonus	NET PAY DISTRIBUTION
Earned: 1.31			Advice #00000008681612 1,107.60
Balance: 0.00	Balance: 7.20	Balance: 0.00	Total: 1,107.60



251 East Huron Street
Chicago, IL 60611

Advice Date
01/12/2024

Advice No.
8681612

DIRECT DEPOSIT DISTRIBUTION		
Account Type	Account Number	Deposit Amount
Checking	*****1000	1,107.60
Total:		1,107.60

Deposit Amount: \$1,107.60

To The
Account(s) Of

Bryanna Thompson
637 E 161st St
South Holland, IL 60473-1651

Location: Palos Community Hosp.; FL01

NON-NEGOTIABLE

NM HealthCare
 251 East Huron Street
 Chicago, IL 60611

Pay Group:	N-E-NMHC Non-exempt	Business Unit:	NM521
Pay Begin Date:	12/10/2023	Advice #:	00000008646505
Pay End Date:	12/23/2023	Advice Date:	12/29/2023

Bryanna Thompson 637 E 161st St South Holland, IL 60473-1651	Employee ID:	310116	TAX DATA:	Federal	IL State
	Department:	S730-PH Emergency Room	Marital Status:	Single	N/A
	Location:	Palos Community Hosp.: FL01	Allowances:	0	0
	Job Title:	ED Tech-Palos	Addl. Pct.:		
	Pay Rate:	S23.246300 Hourly	Addl. Amt.:		

HOURS AND EARNINGS						TAXES		
Description	Rate	Current		YTD		Description	Current	YTD
		Hours	Earnings	Hours	Earnings			
Regular Pay	23.246300	22.00	511.42	1,626.75	31,805.79	Fed Withholding	93.60	4,385.84
Tech 2nd Shift Df	2.750000	4.50	12.38	437.00	1,201.88	Fed MED/EE	17.24	719.24
Paid Time Off	23.246300	28.58	664.38	156.08	3,101.97	Fed OASDI/EE	73.60	3,075.36
Overtime Pay			0.00	39.00	1,123.69	IL Withholding	53.54	2,274.83
Bereavement			0.00	12.00	204.00			
Organizational Incentive			0.00		1,042.70			
Wellbeing Fund			0.00		250.00			
Wellbeing PTO Adjustment			0.00	3.60	0.00			
Holiday Worked			0.00	23.50	697.29			
Reg-Orientation			0.00	36.00	612.00			
Reg- Education			0.00	1.50	25.50			
Reg- Indirect Other			0.00	2.00	34.00			
Other			0.00	775.25	9,499.93			
Total:		55.08	1,188.18	3,112.68	44,852.75	Total:	238.07	10,455.27
BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
NM 401K	106.94	3,646.32				Group Term Life FT	0.70	15.27
						Group Term Life FT*	0.37	3.87
						Accidental Death FT	0.42	9.27
						Long Term Disability Basic	2.70	58.33
						NM 401K	71.29	2,676.17
Total:	106.94	3,646.32	Total:	0.00	0.00			
TOTAL GROSS			FED TAXABLE GROSS			TOTAL TAXES		
Current:	1,188.18		1,081.61		238.07	106.94		843.17
YTD:	44,852.75		45,956.30		10,455.27	3,646.32		30,751.16
PTO HOURS		Personal Holiday		Service Anniversary Bonus		NET PAY DISTRIBUTION		
Earned:	3.50					Advice #00000008646505		
Balance:	0.01-		0.00	Balance:	0.00	Total:		843.17



251 East Huron Street
 Chicago, IL 60611

Advice Date
 12/29/2023

Advice No.
 8646505

Deposit Amount: \$843.17

To The
 Account(s) Of

Bryanna Thompson
 637 E 161st St
 South Holland, IL 60473-1651

Location: Palos Community Hosp.; FL01

DIRECT DEPOSIT DISTRIBUTION		
Account Type	Account Number	Deposit Amount
Checking	*****1000	843.17
Total:		843.17

NON-NEGOTIABLE

NM HealthCare
251 East Huron Street
Chicago, IL 60611

Pay Group: N-E-NMHC Non-exempt	Business Unit: NM521
Pay Begin Date: 11/26/2023	Advice #: 000000008611444
Pay End Date: 12/09/2023	Advice Date: 12/15/2023

Bryanna Thompson 637 E 161st St South Holland, IL 60473-1651	Employee ID: 310116	TAX DATA: Federal IL State
	Department: 8730-PH Emergency Room	Marital Status: Single N/A
	Location: Palos Community Hosp.: FL01	Allowances: 0 0
	Job Title: ED Tech-Palos	Addl. Pct.:
	Pay Rate: \$23,246300 Hourly	Addl. Amt.:

HOURS AND EARNINGS						TAXES		
Description	Rate	Current		YTD		Description	Current	YTD
		Hours	Earnings	Hours	Earnings			
Regular Pay	23.246300	68.50	1,592.37	1,604.75	31,294.37	Fed Withholding	207.81	4,292.24
Tech 2nd Shift Df	2.750000	34.25	66.69	432.50	1,189.50	Fed MED/EE	25.83	702.00
Tech Wknd	2.000000	14.50	29.00	363.00	726.00	Fed OASDI/EE	110.45	3,001.67
Paid Time Off	23.246300	4.00	92.99	127.50	2,437.59	IL Withholding	80.25	2,221.29
Overtime Pay			0.00	39.00	1,123.69			
Bereavement			0.00	12.00	204.00			
Organizational Incentive			0.00		1,042.70			
Wellbeing Fund			0.00		250.00			
Wellbeing PTO Adjustment			0.00	3.60	0.00			
Holiday Worked			0.00	23.50	697.29			
Reg-Orientation			0.00	36.00	612.00			
Reg- Education			0.00	1.50	25.50			
Other			0.00	414.25	8,807.93			
Total:		111.25	1,781.05	3,057.60	43,664.57	Total:	424.34	10,217.20

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
NM 401K	160.29	3,539.38				Group Term Life FT	0.70	14.57
						Group Term Life FT*	0.37	3.50
						Accidental Death FT	0.42	8.85
						Long Term Disability Basic	2.70	55.63
						NM 401K	106.86	2,604.88
Total:	160.29	3,539.38	Total:	0.00	0.00			

TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current: 1,781.05	1,621.13	424.34	160.29	1,196.42
YTD: 43,664.57	44,874.69	10,217.20	3,539.38	29,907.99

PTO HOURS	Personal Holiday	Service Anniversary Bonus	NET PAY DISTRIBUTION
Earned: 5.02			Advice #000000008611444 1,196.42
Balance: 0.01	Balance: 0.00	Balance: 0.00	Total: 1,196.42



251 East Huron Street
Chicago, IL 60611

Advice Date
12/15/2023

Advice No.
8611444

Deposit Amount: \$1,196.42

To The
Account(s) Of

Bryanna Thompson
637 E 161st St
South Holland, IL 60473-1651

Location: Palos Community Hosp.; FL01

DIRECT DEPOSIT DISTRIBUTION		
Account Type	Account Number	Deposit Amount
Checking	*****1000	1,196.42
Total:		1,196.42

NON-NEGOTIABLE

NM HealthCare
 251 East Huron Street
 Chicago, IL 60611

Pay Group: N-E-NMHC Non-exempt	Business Unit: NM521
Pay Begin Date: 11/12/2023	Advice #: 00000008576491
Pay End Date: 11/25/2023	Advice Date: 12/01/2023

Bryanna Thompson 637 E 161st St South Holland, IL 60473-1651	Employee ID: 310116	TAX DATA: Federal IL State
	Department: 8730-PH Emergency Room	Marital Status: Single N/A
	Location: Palos Community Hosp.: FL01	Allowances: 0 0
	Job Title: ED Tech-Palos	Addl. Pct.:
	Pay Rate: \$23.246300 Hourly	Addl. Amt.:

HOURS AND EARNINGS						TAXES		
Description	Rate	Current		YTD		Description	Current	YTD
		Hours	Earnings	Hours	Earnings			
Regular Pay	23.246300	59.75	1,388.97	1,536.25	29,702.00	Fed Withholding	257.98	4,084.43
Tech 2nd Shift Df	2.750000	22.25	61.19	408.25	1,122.81	Fed MED/EE	29.46	676.17
Tech Wknd	2.000000	24.00	48.00	348.50	697.00	Fed OASDI/EE	125.98	2,891.22
Holiday Worked	34.869450	7.50	261.52	23.50	697.29	IL Withholding	91.53	2,141.04
Holiday PTO	23.246300	7.20	167.37	36.00	656.97			
Paid Time Off	23.246300	4.50	104.61	123.50	2,344.60			
Overtime Pay			0.00	39.00	1,123.69			
Bereavement			0.00	12.00	204.00			
Organizational Incentive			0.00		1,042.70			
Wellbeing Fund			0.00		250.00			
Wellbeing PTO Adjustment			0.00	3.60	0.00			
Reg-Orientation			0.00	36.00	612.00			
Other			0.00	379.75	8,176.46			
Total:		125.20	2,031.66	2,946.35	41,883.52	Total:	504.95	9,792.86
BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
NM 401K	182.85	3,379.09				Group Term Life FT	0.70	13.87
						Group Term Life FT*	0.37	3.13
						Accidental Death FT	0.42	8.43
						Long Term Disability Basic	2.70	52.93
						NM 401K	121.90	2,498.02
Total:	182.85	3,379.09	Total:	0.00	0.00			
TOTAL GROSS			FED TAXABLE GROSS			TOTAL TAXES		
Current:	2,031.66		1,849.18		504.95	182.85		1,343.86
YTD:	41,883.52		43,253.56		9,792.86	3,379.09		28,711.57
PTO HOURS		Personal Holiday		Service Anniversary Bonus		NET PAY DISTRIBUTION		
Earned:	5.47					Advice #00000008576491		
Balance:	23.57		0.00		0.00	Total:		1,343.86



251 East Huron Street
 Chicago, IL 60611

Advice Date
 12/01/2023

Advice No.
 8576491

Deposit Amount: \$1,343.86

To The
 Account(s) Of

Bryanna Thompson
 637 E 161st St
 South Holland, IL 60473-1651

Location: Palos Community Hosp.; FL01

DIRECT DEPOSIT DISTRIBUTION		
Account Type	Account Number	Deposit Amount
Checking	*****1000	1,343.86
Total:		1,343.86

NON-NEGOTIABLE

INGRF Application – Other Grant Disclosure & Acknowledgement

1. Have you applied/are applying to other aid/grant programs relating to this specific hardship?

Yes X No _____

2. If the answer to the above question is **Yes**, please state ALL the organization name(s) and amount(s) requested/received?

Organization Name(s) We Care American ENGUS

Amount Requested (\$) \$ 500

Amount Received to date (\$) \$0 was not helping soldiers unless they where impacted by natural disaster.

*I certify the above information to be true and correct. I authorize the verification/release of the information I am providing on this application. I authorize the Relief Fund and the INNG Joint Forces Headquarters access to my pertinent records, including information maintained in DEERS, as necessary to evaluate my application. Disclosure of information on this form including social security numbers is voluntary. Failure to provide requested information, however, may prohibit the processing of this grant application, in accordance with applicable laws, the Relief Fund and the Joint Forces Headquarters will maintain confidentiality regarding the application and any grant approved or denied, except as required to process this or subsequent applications, or as otherwise required by law. **I also understand that if funds are granted, a photo of myself and my statement of appreciation may be kept on file for the purpose of documentation for donors to the NGAIRF.***



Applicant Signature

02/20/2024
Date

a. Employee's Social Security Number ****0960		OMB No. 1545-0008					
b. Employer's Identification Number (EIN) 35-1819323		d. Control number		1 Wages, Tips, and other compensation 5173.04	2 Federal Income Tax withheld 206.67		
c. Employer's Name, Address, and ZIP Code DFAS ATTN:DFASIN/JAREA 2899 EAST 56TH STREET INDIANAPOLIS IN 46249				3 Social Security Wages 5445.21		4 Social Security Tax withheld 337.60	
				5 Medicare Wages and Tips 5445.21		6 Medicare Tax withheld 78.96	
				7 Social Security tips		8 Allocated Tips	
e/f. Employee's Name, Address, and ZIP Code BRYANNA N THOMPSON 14325 KARLOV AVE MIDLOTHIAN IL 60445				9		10 Dependent Care Benefits	
				12 See instructions for box 12 D 23 272.26		14 See instructions for box 14	
				13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay			
15 State	Employer's State ID Number IL 35-1819323	16 State Wages, Tips, etc	17 State Income Tax	18 Local wages, tips, etc	19 Local Income Tax	20 Locality name	
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	

Form **W-2** Wage and Tax Statement **2023**

Department of the Treasury - Internal Revenue Service
Copy B To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service

a. Employee's Social Security Number ****0960		OMB No. 1545-0008 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.					
b. Employer's Identification Number (EIN) 35-1819323		d. Control Number		1 Wages, Tips, other compensation 5173.04	2 Federal Income Tax withheld 206.67		
c. Employer's Name, Address, and ZIP Code DFAS ATTN:DFASIN/JAREA 2899 EAST 56TH STREET INDIANAPOLIS IN 46249				3 Social Security Wages 5445.21		4 Social Security Tax withheld 337.60	
				5 Medicare Wages and Tips 5445.21		6 Medicare Tax withheld 78.96	
				7 Social Security tips		8 Allocated Tips	
e/f. Employee's Name, Address, and ZIP Code BRYANNA N THOMPSON 14325 KARLOV AVE MIDLOTHIAN IL 60445				9		10 Dependent Care Benefits	
				12 See instructions for box 12 D 23 272.26		14 See instructions for box 14	
				13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay			
15 State	Employer's State ID Number IL 35-1819323	16 State Wages, Tips, etc	17 State Income Tax	18 Local wages, tips, etc	19 Local Income Tax	20 Locality name	
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	

Form **W-2** Wage and Tax Statement **2023**

Department of the Treasury - Internal Revenue Service
Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on Back of Copy B)

a. Employee's Social Security Number *****0960		OMB No. 1545-0008				
b. Employer's Identification Number (EIN) 35-1819323		d. Control number		1 Wages, Tips, and other compensation 5173.04	2 Federal Income Tax withheld 206.67	
c. Employer's Name, Address, and ZIP Code DFAS ATTN:DFASIN/JAREA 8899 EAST 56TH STREET INDIANAPOLIS IN 46249				3 Social Security Wages 5445.21	4 Social Security Tax withheld 337.60	
				5 Medicare Wages and Tips 5445.21	6 Medicare Tax withheld 78.96	
				7 Social Security tips	8 Allocated Tips	
e/f. Employee's Name, Address, and ZIP Code BRYANNA N THOMPSON 14325 KARLOV AVE MIDLOTHIAN IL 60445				9	10 Dependent Care Benefits	
				12 See instructions for box 12 D 23 272.26	14 See instructions for box 14	
				13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay		
15 State	Employer's State ID Number IL 35-1819323	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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Form **W-2** Wage and Tax Statement **2023**

Department of the Treasury - Internal Revenue Service

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

a. Employee's Social Security Number *****0960		OMB No. 1545-0008				
b. Employer's Identification Number (EIN) 35-1819323		d. Control Number		1 Wages, Tips, other compensation 5173.04	2 Federal Income Tax withheld 206.67	
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				13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay		
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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

Form **W-2** Wage and Tax Statement **2023**

Department of the Treasury - Internal Revenue Service

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

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you do not have to file a tax return, you may be eligible for a refund if 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 **2023** if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You cannot take the EIC if your investment income is more than the specified amount for **2023** or if income is earned for services provided while you were an inmate at a penal institution. For **2023** income limits and more information, visit www.irs.gov/eitc. Also see Pub. 596.

Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Employee's Social Security Number (SSN). For your protection, this form may only show the last four digits of your SSN. However, your employers have reported your complete SSN to the IRS and Social Security Administration (SSA).

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 file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but are not 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 1-800-772-1213. You also may visit the SSA at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in **2023** and more than \$9,932.40 in social security and/or Tier 1 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 \$5,821.20 in Tier 2 RRTA tax was withheld, you also may be able to claim a refund on Form 843. See the instructions for Form 843.

(Also see *Instructions for Employee* on the back of Copy C.)

Instructions for Employee (Also see *Notice to Employee* on the back of Copy B.)

- 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 5.** You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959.
- Box 6.** This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.
- Box 8.** This amount is **not** included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions. You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. 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 allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).
- Box 10.** This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.
- Box 12.** The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F and S) and designated Roth contributions (codes AA, BB and EE) under all plans are generally limited to a total of \$22,500 (\$15,500 if you only have SIMPLE plans, \$25,500 for section 403(b) plans, if you qualify for the 15-year rule explained in Pub. 571). However, if you were at least age 50 in 2023, your employer may have allowed an additional deferral of up to \$7,500 (\$3,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.
- Note:** If a year follows code D through H, S, Y, AA, BB or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year. Your employer does not use codes G, H, K, V, Y, Z, FF, GG, HH.
- A** - Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.
- B** - Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. 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 5).
- D** - Elective deferrals to 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 403(b) salary reduction agreement.
- F** - Elective deferrals under a section 408(k)(6) salary reduction SEP.
- J** - Nontaxable sick pay (information only, not included in boxes 1, 3, or 5).
- L** - Substantiated employee business expense reimbursements (nontaxable).

- M** - Uncollected Social Security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.
- N** - Uncollected 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 member of Armed Forces (not included in boxes 1, 3, or 5).
- 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.
- S** - 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 to compute any taxable and nontaxable amounts.
- W** - Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.
- AA** - Designated Roth contributions under a section 401(k) 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.
- Box 13.** If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A.
- Box 14.** Any amount in box 14 should be coded. The following explains the codes.
- C** - Taxable reimb for Permanent Change of Station (Incl in Box 1)
- E** - Military TSP Contribution (Tax Exempt)
- F** - TIAA/CREF and Fidelity Retirement Contributions
- G** - Pre-Tax Transportation Equity Act Benefits
- H** - Taxable Home to Work and/or MILAIR Benefits (Incl in Box 1)
- K** - Pretax Vision and Dental Deduction
- P** - Parking Fringe Benefits/Employer Provided Vehicle. (Incl in Box 1)
- R** - Retirement Deductions. (for Civilian Employees who have wages earned in Puerto Rico)
- S** - Federal Employee Health Benefit employee deduction for Civilian Employees who have wages earned in Puerto Rico.
- STT** - Oregon Transit Tax
- T** - Cost of Living Allowance not included in box 1 or 16 for Civilian Employees who have COLA included for wages in Alaska, Hawaii, Guam and the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands
- U** - Non-Cash Fringe Benefits (Incl in Box 1)
- V** - Pretax FEHB Incentive
- X** - Occupational FEHB Incentive Tax/Local Services Tax (CIVILIAN)
- Y** - Pretax Flexible Spending Account Employee Contributions
- Z** - Retirement Deductions for Massachusetts Residents Only
- DX** - Sick Leave Wages 1/1/21-3/31/21 \$511/day limit
- DY** - Sick Leave Wages 1/1/21-3/31/21 \$200/day limit
- DZ** - Emergency Family Leave Wages 1/121-3/31/21
- EX** - Sick Leave Wages 4/1/21-9/30/21 \$511/day limit
- EY** - Sick Leave Wages 4/1/21-9/30/21 \$200/day limit
- EZ** - Emergency Family Leave Wages 4/1/21-9/30/21
- 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 until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Form W-2 Wage and Tax Statement 2023		7 Social security tips	1 Wages, tips, other comp. 45956.30	2 Federal income tax withheld 4385.84		
c Employer's name, address, and ZIP code NM HEALTHCARE 251 EAST HURON STREET CHICAGO IL 60611		8 Allocated tips	3 Social security wages 49602.62	4 Social security tax withheld 3075.36		
		9	5 Medicare wages and tips 49602.62	6 Medicare tax withheld 719.24		
		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 3.87		
e Employee's name, address, and ZIP code BRYANNA THOMPSON 637 E 161ST ST SOUTH HOLLAND IL 60473-1651		Suff. 13 Statutory employee Retirement plan Third-party sick pay ✓	14 Other	12b D 3646.32		
		b Employer identification number (EIN) 36-3152959		12c		
		a Employee's social security no. XXX-XX-0960		12d		
15 State IL 1700-9707	Employer's state ID no.	16 State wages, tips, etc. 45956.30	17 State income tax 2274.83	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy B To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service. OMB No. 1545-0006 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 2023		7 Social security tips	1 Wages, tips, other comp. 45956.30	2 Federal income tax withheld 4385.84		
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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

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