REISSUED a Employee's social security number		Safe, Accurate,		/isit the IRS Website			
STATEMENT 868-88-9125	OMB No. 1545-00	008 FAST! Use		at www.irs.gov/efile.			
b Employer identification number	1 V	Vages, tips, other compensation	2 Federal in	ncome tax withheld			
87-0634783		81310.03	9403.	9403.73			
c Employer's name, address, and ZIP code	3 5	Social security wages	4 Social se	curity tax withheld			
Hardy, Rodriguez and Pope PLC		78711.78	6021.	6021.45			
519 Nicole Club Apt. 731	5 1	Medicare wages and tips					
West Loristad ND 15947-4695		86268.35		2501.78			
West Hollstad ND 13947 4093	7 8	Social security tips		8 Allocated tips			
		78711.78		86268.35			
d Control number	9 A	Advance EIC payment		nt care benefits			
7332215				130			
e Employee's first name and initial Last name	11 N	lonqualified plans	12a See insti	ructions for box 12			
Brent Alexander		135	H .	н 7448			
		tory Retirement Third-party	12b				
9735 Angela Walks Apt. 879	empl	pyee plan sick pay	E	833			
Jonfort NH 08194-0915		Other (see enclosed Notice to Emplo	yee) 12c				
			н	276			
			12d				
				326			
f Employee's address and ZIP code							
15 State Employer's state ID number 16 State wages, tips, etc. 17 State	te income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name			
NY 666-47-236 44670.05 178	5.9	64256.24	11557.64	Fleming Parkway			
UT 463-65-992 41253.77 181	0.55	76506.51	16008.52	Heidi Cape			

Wage and Tax Statement

5070

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.

Cut here. Keep lower portion for your records.

R	EISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
SI	ATEMENT	8	68-88-9125	OMB N	OMB No. 1545-0008 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 identification number				Wages, tips, other compensation			2 Federal income tax withheld					
87-0634783			81310.03			9403.73						
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld						
Hardy, Rodriguez and Pope PLC			78711.78			6021.45						
519 Nicole Club Apt. 731 West Loristad ND 15947-4695			5 Medicare wages and tips 86268.35			6 Medicare tax withheld 2501.78						
										7 Social security tips		
									78711.78			
d Contro	l number				9 /	Advance EIC payment		10	Depend	ent care be	enefits	
'	7332215									130		
e Employee's first name and initial Last name		11 Nonqualified plans			12a See instructions for box 12							
Brent Alexander			135			н 7448						
			13 Statutory Retirement Third-party employee plan sick pay			12b	ı					
9735 Angela Walks Apt. 879			x E 833									
Jonfort NH 08194-0915				14 (Other (see enclosed Notice to Employ	ree)	12c	i				
00111010						н	276					
							-	12d				
										326		
	ee's address and ZIP co			•								
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		ocal inco			20 Locality	name
NY	666-47	7-236	44670.05	1785.9		64256.24	11	557.	64		Fleming	Parkway
UT	463-65	5-992	41253.77	1810.55		76506.51	16	008.	52		Heidi	Cape

Wage and Tax

Form W-2 **Statement**Copy C For EMPLOYEE'S RECORDS.
(See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

