REISSUED a Employee's social security number		Safe, Accurate,		RS Website		
STATEMENT 861-38-8221	OMB No. 1545-00	008 FAST! Use	at www.ir	s.gov/efile.		
b Employer identification number	1 \	Vages, tips, other compensation	2 Federal income tax	withheld		
10-8730351		96821.73	12150.95	12150.95		
c Employer's name, address, and ZIP code	3 5	Social security wages	4 Social security tax v	4 Social security tax withheld		
Christensen, Robinson and Pierce PLC		106992.67	8184.94	8184.94		
9007 Cannon Coves Suite 356	5 1	Medicare wages and tips				
Philipbury HI 87745-7129		118244.54		3429.09		
Initipodity in O//13 /123	7 8	Social security tips	·	8 Allocated tips		
		106992.67		118244.54		
d Control number	9 /	9 Advance EIC payment 10 Dependent care benefits				
70012	11	239				
e Employee's first name and initial Last name		Nonqualified plans	12a See instructions f	12a See instructions for box 12		
Caleb Bell		242	8757	8757		
		tory Retirement Third-party	12b			
381 Anthony Viaduct Suite 209	empi	oyee plan sick pay	P 729	P 729		
Rosarioside NH 94478-8913		Other (see enclosed Notice to Emplo	yee) 12c			
			E 268			
			12d			
			310			
f Employee's address and ZIP code						
15 State Employer's state ID number 16 State wages, tips, etc. 17 State	e income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
ND 654-98-253 51350.96 2813	3.58	73062.11	13117.39	Patricia Trafficway		
GA 556-00-953 44970.71 2171	L.04	73135.24	10994.07	Leslie Harbors		

Wage and Tax Statement 5070

Department of the Treasury--Internal Revenue Service

Form W-2 Statement
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 socia	al security number			This information is being furnis	hed to	the Internal Re	venue Serv	ice. If you are required	
	ATEMENT	86	51-38-8221	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 Employ	er identification number			I	1 V	/ages, tips, other compensation	10 10	2 Federal income tax withheld			
10-8730351			96821.73			12150.95					
c Employ	er's name, address, and 2	ZIP code			3 Social security wages			4 Social security tax withheld			
Christensen, Robinson and Pierce PLC			106992.67			8184.94					
9007 Cannon Coves Suite 356 Philipbury HI 87745-7129			5 Medicare wages and tips			6 Medicare tax withheld					
			118244.54			3429.09					
			7 Social security tips			8 Allocated tips					
			106992.67			118244.54					
d Control number			9 Advance EIC payment			10 Dependent care benefits					
70012							239				
e Employee's first name and initial Last name			11 Nonqualified plans 12a See instructions for box 12			for box 12					
Caleb Bell 381 Anthony Viaduct Suite 209 Rosarioside NH 94478-8913			242			8757					
			13 Statu			12b					
			emple	pyee plan sick pay		P	729				
			14 Other (see enclosed Notice to Employee)			12c					
						E	268				
							ŀ	12d	200		
									1		
						310					
	ee's address and ZIP cod		T	T						1	
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local income ta	(20 Locality name	
ND	654-98	-253	51350.96	2813.58		73062.11	13	117.39		Patricia Trafficway	
GA	556-00	-953	44970.71	2171.04		73135.24	10	994.07		Leslie Harbors	

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

