RI	EISSUED	a Employee's socia	al security number				Safe, A	ccurate,	20 (- A H		Visit the	IRS Website	
ST	ATEMENT	75	52-12-2090	OMB N	lo. 1545-0	8000	FAST!	Jse "	U		B	at www.i	rs.gov/efile.	
b Employer identification number					1	1 Wages, tips, other compensation				2 Federal income tax withheld				
02-4111893					202723.87					50947.95				
c Employer's name, address, and ZIP code					3 Social security wages					4 Social security tax withheld				
Hurley, Brewer and Anderson LLC						204210.14				15622.08				
3772 Jarvis Station Suite 647 Colonstad ND 09082-2826					5 Medicare wages and tips					6 Medicare tax withheld				
					236402.83				6855.68					
					7 Social security tips					8 Allocated tips				
					204210.14				236402.83					
d Control number					9	Advance	EIC payment			10	Depend	dent care be	enefits	
8	8839667											296		
e Employee's first name and initial Last name					11 Nonqualified plans					12a See instructions for box 12				
Stephen Chavez 127 Dennis Dam					195					G 9137				
					13 Statutory Retirement Third-party employee plan sick pay					12b		ı		
					x x				113					
Reevesside AR 96024-2197						14 Other (see enclosed Notice to Employee)					12c			
										P	349			
										12d				
											P	497		
f Employe	ee's address and ZIP cod	е												
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Lo	cal wages, tip	s, etc.	19 I	Local inc	ome tax	1	20 Locality name	
AR	240-84	-147	99786.79	9868.26		148	3119.7	5	28	078	. 7		Kristina Springs	
DE	144-22	-680	95094.49	8443.35		179	166.9	1	21	202	. 36		Torres Dam	

Wage and Tax

Form W-2 Statement

5010

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.

REISSUED	a Employee's soc	cial security number									ice. If you are required		
STATEMENT	7	52-12-2090	OMB N	o. 1545-(x return, a negligen le is taxable and yo			ier sand	ction may b	e imposed on you if		
b Employer identification number					1 Wages, tips, other compensation				2 Federal income tax withheld				
02-4111893					202723.87				50947.95				
c Employer's name, address, an	3 Social security wages				4 Social security tax withheld								
Hurley, Brewer and Anderson LLC 3772 Jarvis Station Suite 647					204210.14					15622.08			
					5 Medicare wages and tips				6 Medicare tax withheld				
Colonstad ND 09082-2826				236402.83				6855.68					
COTONS CAC ND 09082-2826					7 Social security tips				8 Allocated tips				
		204210.14				236402.83							
d Control number				9 Advance EIC payment				10 Dependent care benefits					
8839667	8839667									296			
e Employee's first name and init	e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12			
Stephen Chavez 127 Dennis Dam					195 13 Statutory Retirement Third-party employee plan sick pay				G 9137				
									113				
Reevessid	7	14 Other (see enclosed Notice to Employee)				12c							
									P	349			
									12d				
									P	497			
f Employee's address and ZIP of	ode												
15 State Employer's state ID		16 State wages, tips, etc.	17 State income tax		18 Local wage		" -	_ocal inco			20 Locality name		
AR 240-8	4-147	99786.79	9868.26		148119	.75	28	078.	. 7		Kristina Springs		
DE 144-2	2-680	95094.49	8443.35		179166	.91	21	202.	.36		Torres Dam		

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

