REISSUED a Employee's social security number			Safe, Accurate	e,	H	Visit the IRS Website			
STATEMENT 722-55-1714	I OMB	No. 1545-0008	FAST! Use		≁file >	at www.irs.gov/efile.			
b Employer identification number			1 Wages, tips, other compensation			Federal income tax withheld			
68-2814473			108272.74			37866.77			
c Employer's name, address, and ZIP code	3 Social	3 Social security wages			4 Social security tax withheld				
Hernandez-Clark PLC			89826.36			6871.72			
1669 Bobby Plaza Suite 137 Bobbyshire OK 64131-6416			re wages and tips		6 Medicare tax withheld				
			9105.41		3744.06				
DODDYSHILE OK 04131 041		security tips		8 Allocated tips					
		89826.36			129105.41				
d Control number			9 Advance EIC payment			10 Dependent care benefits			
1877463						148			
e Employee's first name and initial Last name		11 Nonqu	alified plans		12a See in	structions for box 12			
Tracy Davies			293			н 8963			
			13 Statutory Retirement Third-party employee plan sick pay			1			
32311 Cox Circles Apt. 157			J Siek Pay			D 848			
Port Christopher GA 31579-06			14 Other (see enclosed Notice to Employee)			ı			
					н	567			
						12d			
						156			
f Employee's address and ZIP code									
15 State Employer's state ID number 16 State wages, tip	s, etc. 17 State income tax	18 I	ocal wages, tips, etc.	19	Local income ta	x 20 Locality name			
LA 235-25-390 50652.82	4844.34	10	4897.05	10	902.63	Johnson Lake			
LA 774-95-553 55426.93	3066.08	87	935.47	17	230.33	Sharon Coves			

Wage and Tax

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.

REIS	SSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
STAT	EMENT	7:	22-55-1714	OMB	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			1 \	1 Wages, tips, other compensation			Federal income tax withheld					
68-2814473				108272.74			37866.77					
c Employer's name, address, and ZIP code				3 3	3 Social security wages			4 Social security tax withheld				
Hernandez-Clark PLC					89826.36			6871.72				
1669 Bobby Plaza Suite 137 Bobbyshire OK 64131-6416				5 Medicare wages and tips				6 Medicare tax withheld				
					129105.41				3744.06			
				7 3	7 Social security tips			8 Allocated tips				
						89826.36			129105.41			
d Control number			9 /	9 Advance EIC payment			10 Dependent care benefits					
1877463									148			
e Employee's	e Employee's first name and initial Last name			11 1	11 Nonqualified plans			12a See instructions for box 12				
Tracy Davies				293			н 8963					
				13 Statutory Retirement Third-party								
32311 Cox Circles Apt. 157			emp	oyee plan si	ck pay		D	848				
Port Christopher GA 31579-06			14 (	Other (see enclosed Notice to	Employee	) 12c						
							н	567				
								12d	11	307		
									156			
f Employee's address and ZIP code									l .			
15 State E	mployer's state ID n	umber	16 State wages, tips, etc.	17 State income tax	(	18 Local wages, tips, etc.	1	9 Local ir	ncome tax	(	20 Locality name	
LA	235-2	5-390	50652.82	4844.34		104897.05 10		10902	0902.63		Johnson Lake	
LA	774-9	5-553	55426.93	3066.08		87935.47	1	17230	33		Sharon Coves	

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

