R	REISSUED a Employee's social security number				Safe, Accurate,				•	Visit the IRS Website			
ST	TATEMENT	05	4-25-5949	OMB	No. 1545-0	8000	FAST! Use	•	G^{\sim}	file)	at www.i	rs.gov/efile.	
b Emplo	b Employer identification number				1 Wages, tips, other compensation					Federal income tax withheld			
87-5835276					65738.93					13948.22			
c Employer's name, address, and ZIP code					3 Social security wages					4 Social security tax withheld			
Mitchell, Mason and Moran PLC					50508.91					3863.93			
737 Bell Parkways West John KS 50327-4961					5 Medicare wages and tips					6 Medicare tax withheld			
					78015.18					2262.44			
					7	7 Social security tips				8 Allocated tips			
						50508.91				78015.18			
d Control number					9	Advance El	C payment			10 Deper	dent care b	enefits	
870745											118		
e Employee's first name and initial Last name					11	11 Nonqualified plans				12a See instructions for box 12			
						169				6226			
	Joseph Hernandez					13 Statutory Retirement Third-party employee plan sick pay				12b	ì		
0838 Ortega Flat Suite 491 South Anthony ID 38313-6521					X Sick pay					D	951		
					14	14 Other (see enclosed Notice to Employee)				12c	1		
											100		
										12d			
										н	343		
4 F	vee's address and ZIP code	_								п	343		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	:	18 Local	wages, tips, e	tc.	19 Lo	cal income ta	x	20 Locality name	
NV	315-44	-204	31620.88	2666.97		4983	6.18		868	580.47 Brand		Brandon Tunnel	
	000	055	01015	2500 50					066 55				
VA	377-27	-857	31917.3	3729.73		7030	9.68		686	6.55		Nancy Village	

Wage and Tax

5070 **Statement** Form W-2

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 social security number								
STATEMENT	TATEMENT O54-25-5949 OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be imposed on you this income is taxable and you fail to report it.							e imposed on you ii	
b Employer identification number	1 \	Vages, tips, other compensation		2 Federal income tax withheld					
87-5835276		65738.93		13948.22					
c Employer's name, address, and	3 3	Social security wages		4 Social security tax withheld					
Mitchell, 1		50508.91		3863.93					
737 Bell Pa	5 1	Medicare wages and tips		6 Medicare tax withheld					
		78015.18		2262.44					
west John	West John KS 50327-4961					8 Allocated tips			
		50508.91		78015.18					
d Control number			9 Advance EIC payment			10 Dependent care benefits			
870745					118				
e Employee's first name and initia	l Last name		11 Nonqualified plans			12a See instructions for box 12			
						6226			
Joseph	Joseph Hernandez				13 Statutory Retirement Third-party				
0838 Orte	emp	pyee plan sick pay		D 951					
South Ant	hony ID 38313-	14 (Other (see enclosed Notice to Employ	ree)	12c				
			100						
			12d						
						н	343		
f Employee's address and ZIP co			11 343						
15 State Employer's state ID r		17 State income tax	l	18 Local wages, tips, etc.	19 L	ocal income ta:	(20 Locality name	
NV 315-4	4-204 31620.88	2666.97		49836.18	86	80.47		Brandon Tunnel	
VA 377-2	7-857 31917.3	3729.73		70309.68	68	66.55		Nancy Village	

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

