| F | REISSUED a Employee's social security number | | | | Safe, Accurate, | | | | Visit the IRS Website | | | |
|---|--|-------|----------------------------|-----------------------|--|--|--------------------------------|---------------------------------|-------------------------------|----------|------------------|--|
| S | TATEMENT | 38 | 33-02-8791 | OMB N | lo. 1545-000 | FAST! Use | | | e | at www.i | rs.gov/efile. | |
| b Emplo | yer identification number | | | 1 | 1 Wa | 1 Wages, tips, other compensation | | | 2 Federal income tax withheld | | | |
| 71-5406269 | | | | | | 184544.54 | | | 24252.06 | | | |
| c Employer's name, address, and ZIP code | | | | | 3 Soc | 4 | 4 Social security tax withheld | | | | | |
| Leonard-Flores Inc | | | | | 2 | 205334.57 | | | 15708.09 | | | |
| 164 Tracy Underpass | | | | | 5 Me | 6 | | | | | | |
| | Carrietown MD 18204-2779 | | | | 169120.57 | | | | 4904.5 | | | |
| | | | | | 7 Social security tips 205334.57 | | | | 8 Allocated tips | | | |
| | | | | | | | 169120.57 | | | | | |
| d Control number | | | | | 9 Advance EIC payment | | | 10 | | | | |
| | 5672247 | | | | | | | | | 169 | | |
| e Employee's first name and initial Last name | | | | 11 Nonqualified plans | | | 12a | 12a See instructions for box 12 | | | | |
| Delta ant Desire | | | | 228 | | | | D 8140 | | | | |
| | Robert | Price | | | 13 Statutory Retirement Third-party employee plan sick pay | | | 12b | ı | | | |
| 1750 Huang Mills New Bridget IA 79945-1676 | | | | | | | | | G 255 | | | |
| | | | | | 14 Oth | 14 Other (see enclosed Notice to Employee) | | | ĺ | | | |
| 1.6. 211ages 111 / 35 16 16 / 6 | | | | | | | | Н | 312 | | | |
| | | | | | | | | 12d | 12d | | | |
| | | | | | | | | | | 181 | | |
| f Emplo | ovee's address and ZIP code | e | | | | | | | | | | |
| 15 State | Employer's state ID nu | mber | 16 State wages, tips, etc. | 17 State income tax | · | 18 Local wages, tips, e | tc. 19 | 9 Local inc | ome tax | | 20 Locality name | |
| OK | 024-46 | -739 | 86323.89 | 7600.83 | : | 170798.94 | 3 | 2263 | .72 | | Susan Square | |
| NY | 778-30 | -613 | 88960.94 | 6188.12 | : | 197836.47 | 2 | 9058 | . 05 | | Ronald Garden | |
| Wage and Tax Department of the TreasuryInternal Revenue Service | | | | | | | | | | | | |

Wage and Tax

Statement Form W-2 Copy B--To Be Filed with Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service.

5070

Cut here. Keep lower portion for your records.

| F | REISSUED | a Employee's soc | • | | This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if | | | | | | | |
|---|---|------------------|----------------------------|---------------------|--|-------------------------------------|-----|------------------|---------------------------------|-----|------------------|--|
| | TATEMENT | 3 | 83-02-8791 | OMB N | OMB No. 1545-0008 this income is taxable and you fail to report it. | | | | | | | |
| b Emplo | yer identification number | | | | Wages, tips, other compensation | | | | Federal income tax withheld | | | |
| 71-5406269 | | | | | | 184544.54 | | | 24252.06 | | | |
| c Employer's name, address, and ZIP code | | | | | | 3 Social security wages | | | 4 Social security tax withheld | | | |
| Leonard-Flores Inc 164 Tracy Underpass Carrietown MD 18204-2779 | | | | | 205334.57 | | | | 15708.09 | | | |
| | | | | | 5 Medicare wages and tips | | | | 6 Medicare tax withheld | | | |
| | | | | | 169120.57 | | | | 4904.5 | | | |
| | | | | | 7 Social security tips | | | 8 Allocated tips | | | | |
| | | | | | 205334.57 | | | | 169120.57 | | | |
| d Contro | d Control number | | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | |
| | 5672247 | | | | | | | | | 169 | | |
| e Emplo | e Employee's first name and initial Last name | | | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | |
| | Robert Price | | | | | 228 | | | D 8140 | | | |
| | | | | | | 13 Statutory Retirement Third-party | | | | | | |
| 1750 Huang Mills New Bridget IA 79945-1676 | | | | | employee plan sick pay 14 Other (see enclosed Notice to Employee) | | | | G | 255 | | |
| | | | | | | | | 12c | | | | |
| | | | | | | | | | н | 312 | | |
| | | | | | | | | | | | | |
| | | | | | | | | | 181 | | | |
| f Employee's address and ZIP code | | | | | | Tra e e e | 1.0 | | | | Loo I II | |
| 15 State | Employer's state ID n | | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips, etc. | | Local inc | | | 20 Locality name | |
| OK | 024-46 | 5-739 | 86323.89 | 7600.83 | | 170798.94 | 32 | 263 | .72 | | Susan Square | |
| NY | 778-30 |)-613 | 88960.94 | 6188.12 | | 197836.47 | 29 | 058 | . 05 | | Ronald Garden | |

Wage and Tax

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



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

