F	REISSUED	a Employee's socia	l security number				Safe, Acc	urate,	e <b>D</b> ,	2 H I		Visit the	IRS Website	е
S	TATEMENT	53	37-53-6591	OMB N	No. 1545-0	8000	FAST! Us	e	<b>G</b> ~	<u> </u>		at www.i	rs.gov/efile.	
<b>b</b> Employer identification number					1	1 Wages, tips, other compensation				Federal income tax withheld				
98-5950411						168079.49				26847.42				
<b>c</b> Emplo	oyer's name, address, and 2	ZIP code			3	3 Social security wages				4 Social security tax withheld				
Rodriguez-Hall LLC						217625.93				16648.38				
94483 Lopez Fields Suite 576 Port Melinda NM 21007-9232					5 Medicare wages and tips					6 Medicare tax withheld				
					128313.85 7 Social security tips					3721.1  8 Allocated tips				
					217625.93					128313.85				
d Contro	ol number				9					10 Dependent care benefits				
	4369545									150				
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
	- 11 0.1					230				2430				
	Jonathan Coleman 40469 Page Burg Apt. 910				13 Statutory Retirement Third-party employee plan sick pay					12b	ī			
										954				
Port Selena LA 11978-2204					14 Other (see enclosed Notice to Employee)				ee)	12c				
										]	P 802			
										12d				
										1	Ŧ	240		
f Emplo	ovee's address and ZIP cod	e												
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Loc	cal wages, tips,	etc.	19 Lo	cal incon	ne tax		20 Locality r	name
NV	881-47	-066	79220.99	4035.23		155	424.18		237	62.	07		Misty	Mall
KY	770-16	-961	77487.89	3618.02		144	501.45		171	36.	81		Chad Av	zenue

Wage and Tax

5070 **Statement** 

Department of the Treasury--Internal Revenue Service

Form W-2 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.

F	REISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
S	TATEMENT	53	37-53-6591	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>b</b> Emplo	<b>b</b> Employer identification number					Vages, tips, other compensation		2 Federal income tax withheld				
98-5950411						168079.49		26847.42				
c Employer's name, address, and ZIP code					<b>3</b> S	ocial security wages		4 Social security tax withheld				
Rodriguez-Hall LLC						217625.93		16648.38				
	94483 Lopez Fields Suite 576 Port Melinda NM 21007-9232					ledicare wages and tips		6 Medicare tax withheld				
						128313.85		3721.1				
						ocial security tips		8 Allocated tips				
						217625.93		128313.85				
d Contro	d Control number					dvance EIC payment		10 Dependent care benefits				
	4369545							150				
e Emplo	e Employee's first name and initial Last name					lonqualified plans		12a See instructions for box 12				
	Jonathan Coleman					230 tory Retirement Third-party		2430				
	40469 Page Burg Apt. 910				13 Statu emple			120	954			
Port Selena LA 11978-2204						Other (see enclosed Notice to Employ						
					14	offier (see enclosed Notice to Employ	ee)	120				
								P 802				
									1			
					H	I 240						
f Employee's address and ZIP code										•		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		ocal income tax	(	20 Locality name		
NV	881-47	7-066	79220.99	4035.23		155424.18	23	762.07		Misty Mall		
KY	770-16	5-961	77487.89	3618.02		144501.45	17	136.81		Chad Avenue		

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

