REISSU	EISSUED a Employee's social security number					Safe, Accurate, Visit the IRS Website							site	
STATEM	ENT	57	5-35-3944	OME	B No. 1545-0	8000	FAST! Use			6	at www.i	rs.gov/efil	e.	
b Employer identification number					1	1 Wages, tips, other compensation				2 Federal income tax withheld				
06-0953270						65291.85				22920.35				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld				
Farrell, Rocha and Bernard Inc						77650.88				5940.29				
2083 Laura Run Suite 010					5					6 Medicare tax withheld				
						73661.99				2136.2				
West Brendahaven IL 94008-1552					7	7 Social security tips				8 Allocated tips				
						77650.88				73661.99				
d Control number					9	Advance I	EIC payment		10	Depend	dent care be	enefits		
36556	92										213			
e Employee's first name and initial Last name				11	11 Nonqualified plans				12a See instructions for box 12					
						211				н 4629				
Joshua Herring						13 Statutory Retirement Third-party								
7698 Rodriguez Causeway Suite 962					X	ployee	plan	x sick pay			893			
New Jenniferport CT 10045-0645					14	14 Other (see enclosed Notice to Employee)					ī			
										H	234			
										12d				
										P	240			
f Employee's addres	s and ZIP code	e									•			
15 State Employe	er's state ID nur	mber	16 State wages, tips, etc.	17 State income to	ax	18 Loc	cal wages, tips, e	c. 1	9 Local inc	ome tax	:	20 Localit	y name	
MA	545-48	-141	34509.71	3054.84	. 84		60162.26		8173.49			Jones	Rapids	
MS	719-78	-484	34678.04	3411.95		807	78.73	1	.1750	.59		Thomas	Gardens	

Wage and Tax Statement

Form W-2

5070

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.

R	REISSUED	a Employee's socia	l security number		This information is being furnished to the Internal Revenue Service. If you are required									
SI	TATEMENT	57	75-35-3944	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 Employer identification number					1 V	,				2 Federal income tax withheld				
06-0953270						65291.85				22920.35				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld				
Farrell, Rocha and Bernard Inc						77650.88				5940.29				
2083 Laura Run Suite 010						5 Medicare wages and tips				6 Medicare tax withheld				
West Brendahaven IL 94008-1552					73661.99				2136.2					
					7 Social security tips				8 Allocated tips					
					77650.88				73661.99					
d Control number					9 Advance EIC payment				10 Dependent care benefits					
3655692									213					
e Employee's first name and initial Last name					11 N	11 Nonqualified plans				12a See instructions for box 12				
Joshua Herring 7698 Rodriguez Causeway Suite 962					211				н 4629					
					13 Statutory Retirement Third-party				12b					
					employee plan sick pay						893			
						Other (see enclosed Notice		ree)	12c		-			
New Jenniferport CT 10045-0645														
										н 234				
									12d	i	1			
										P	240			
f Employee's address and ZIP code														
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax					Local income tax			20 Locality name		
MA	545-48	3-141	34509.71	3054.84		60162.26		81	73.	49		Jones Rapids		
MS	719-78	3-484	34678.04	3411.95		80778.73		11	750	. 59		Thomas Gardens		

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

