RE	ISSUED	a Employee's socia	l security number			Saf	e, Accurate,		Visit th	e IRS Website	
STA	TEMENT	35	55-18-4286	OMB N	o. 1545-0	0008 FAS	T! Use	e of	at www	v.irs.gov/efile.	
b Employer identification number						1 Wages, tips, other compensation			Federal income tax withheld		
98-5800942						201315.72			62320.25		
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld		
Higgins-Collins LLC						253546.63			19396.32		
23990 Cobb Pines						Medicare wages	•	6			
Powellburgh ID 41272-9199						223329			6476.57		
						7 Social security tips			8 Allocated tips		
						253546.63			223329.92		
d Control number						9 Advance EIC payment 10 Dependent care benefits			benefits		
2:	385694								110		
e Employee's first name and initial Last name					11 Nonqualified plans			12a	12a See instructions for box 12		
_		- 1			105				8405		
Rebecca Johnson					13 Statutory Retirement Third-party employee plan sick pay			12b	12b		
9625 Gabriella Spur Apt. 394					em	plan X	sick pay		405		
Edwardstad UT 75299-8174						Other (see enclosed Notice to Employee)			1		
									100		
									12d		
									101		
									191		
f Employee	e's address and ZIP code Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	ļ	18 Local wage	es, tips, etc.	19 Local in	come tax	20 Locality name	
IA	551-38		96532.9	8202.57		233623	•	22776		Robert Summit	
	331-36	J 9 Z	70332.9	0202.37		233023	• • • •	22110		Robert Summit	
NY	168-40	-295	91999.73	11164.97		195370	.99	30523	.49	Cole Stream	

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.

REISSUED a Employee's social security number			This information is being furnished to the Internal Revenue Service. If you are required						
STATEMENT 35	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	Wages, tips, other compensation	2 Fe	deral income ta	x withheld		
98-5800942		201315.72	623	62320.25					
c Employer's name, address, and ZIP code	3	Social security wages	4 So	4 Social security tax withheld					
Higgins-Collins LLC		253546.63	193	19396.32					
23990 Cobb Pines		5	Medicare wages and tips	6 Me					
Describerant ID	41070 0100		223329.92			6476.57			
Powellburgh ID	Powellburgh ID 41272-9199					8 Allocated tips			
		253546.63		223329.92					
d Control number			9	Advance EIC payment	10 De	10 Dependent care benefits			
2385694						110			
e Employee's first name and initial Last name	•		11	Nonqualified plans	12a Se	12a See instructions for box 12			
				105		8405			
Rebecca Johnso		13 Statutory Retirement Third-party							
9625 Gabriella Spu	em	oloyee plan sick pay		405					
Edwardstad UT 7	14	Other (see enclosed Notice to Emplo	yee) 12c	12c					
Edwardstad 01 /				100					
				12d					
						191			
f Employee's address and ZIP code	140 00-1	17 State income tax		Tag Landon Control	19 Local incom		00 1		
15 State Employer's state ID number	16 State wages, tips, etc.			18 Local wages, tips, etc.			20 Locality name		
IA 551-38-392	96532.9	8202.57		233623.77	22776.3	·	Robert Summit		
NY 168-40-295	91999.73	11164.97		195370.99	30523.4	9	Cole Stream		

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

