REIS	EISSUED a Employee's social security number				Safe, Accurate,					Visit the IRS Website				
STAT	EMENT	88	39-11-2602	OMB I	No. 1545-	8000	FAST! Us	e	5	file	at www.i	irs.gov/efile	-	
<b>b</b> Employer ide	lentification number				1	1 Wages, tips, other compensation				2 Federal income tax withheld				
33-	-9084499					133996.77				49179.66				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld				
Oconnor-Mendoza LLC						128394.03				9822.14				
081 Shawn Alley Suite 353					5	5 Medicare wages and tips				6 Medicare tax withheld				
						140772.86				4082.41				
Larryfort WY 81445-9723					7	7 Social security tips				8 Allocated tips				
						128394.03				140772.86				
d Control number					9	Advance	EIC payment		10	Deper	ndent care b	enefits		
1108518										118				
e Employee's first name and initial Last name				11	11 Nonqualified plans				12a See instructions for box 12					
William Hamilton						159				8464				
					13 Statutory Retirement Third-party employee plan sick pay				12	?b	1			
96697 Kelsey Light					en	етприучее ріат зіск рау				P	949			
East Robertberg MD 02252-2753					14	14 Other (see enclosed Notice to Employee)				2c	1			
										E	259			
										12d				
										н	390			
f Employee's address and ZIP code									-	- 11	390			
	mployer's state ID nun		16 State wages, tips, etc.	17 State income tax		18 Loc	al wages, tips,	etc.	19 Loca	I income ta	ıx	20 Locality	name	
NC	956-36·	-095	66101.22	6771.96		136	763.09		1603	34.42		Joanna	Knoll	
ID	590-18	-986	62123.11	7165.92		156	688.11		2446	0.81		Mitchell	Summit	

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.

REI	ISSUED	a Employee's socia	l security number		This information is being furnished to the Internal Revenue Service. If you are required							
	TEMENT	88	39-11-2602	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> Employer in	b Employer identification number					Vages, tips, other compensation		2 Federal income tax withheld				
33-9084499						133996.77		49179.66				
c Employer's name, address, and ZIP code					<b>3</b> S	ocial security wages		4 Social security tax withheld				
Oconnor-Mendoza LLC						128394.03		9822.14				
081 Shawn Alley Suite 353 Larryfort WY 81445-9723					5 N	ledicare wages and tips		6 Medicare tax withheld				
						140772.86		4082.41				
					<b>7</b> S	ocial security tips		8 Allocated tips				
						128394.03		140772.86				
d Control number					9 A	dvance EIC payment		10 Dependent care benefits				
1108518								118				
e Employee's	e Employee's first name and initial Last name					lonqualified plans		12a See instructions for box 12				
William Hamilton					13 Statu	159 tory Retirement Third-party		8464				
96697 Kelsey Light East Robertberg MD 02252-2753						employee plan sick pay			P 949			
					14 0	Other (see enclosed Notice to Employ	ee)	12c				
								E	E 259			
							F	12d				
								Н	390			
f Employee's address and ZIP code												
	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		3, , ,		ocal income ta		20 Locality	name	
NC	956-36	5-095	66101.22	6771.96	136763.09 1		160	6034.42		Joanna	Knoll	
ID	590-18	3-986	62123.11	7165.92		156688.11	24	460.81		Mitchell	Summit	

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

