REISSUED a Employee's social security number					Safe, Acc	41735	0.4	H		IRS Webs			
S	TATEMENT	12	23-86-6692	OMB	No. 1545-00	08 FAST! U	se	<i>G</i> ² I	ile	at www.i	rs.gov/efile	€.	
b Employer identification number					1 V	1 Wages, tips, other compensation				Federal income tax withheld			
35-6470654						202749.33			48607.82				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Obrien-Herman Group						212921.19				16288.47			
952 Allen Spurs Apt. 975 Alanchester WY 98151-2505					5 N	5 Medicare wages and tips				6 Medicare tax withheld			
						209339.48				6070.84			
					7 8	7 Social security tips				8 Allocated tips			
						212921.19				209339.48			
d Control number					9 A	9 Advance EIC payment			10 Dependent care benefits				
2157565										270			
e Employee's first name and initial Last name					11 N	11 Nonqualified plans			12a See instructions for box 12				
		_				230				D 6804			
John Hernandez 68669 Morris Ranch East Jameshaven HI 82910-864						13 Statutory Retirement Third-party							
					empi	employee plan sick pay X X X 14 Other (see enclosed Notice to Employee)				835			
					14					i			
									н	123			
						,							
									D	173			
4 F	oyee's address and ZIP cod	_								1/3			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income to	ax	18 Local wages, tips,	etc.	19 Local i	ncome ta:	(20 Locality	y name	
RI	781-59	-074	93580.52	7708.52		198022.26		28552	2.53		Matthews	Mountains	
AL	781-75	-590	100487.17	6622.2		198877.25		2245	2451.76		Caleb	Square	
Wage and Tax				.П	Department of the TreasuryInternal Revenue Service								
Form W.	. ₂ Statem	ent		\perp \cup \perp									

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.

Cut here. Keep lower portion for your records.

R	REISSUED a Employee's social security number					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							
S1	STATEMENT 123-86-6692 OMB				this income is taxable and you fail to report it.								
b Employer identification number					1 Wages, tips, other compensation				Federal income tax withheld				
35-6470654						202749.33			48607.82				
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld				
Obrien-Herman Group						212921.19			16288.47				
952 Allen Spurs Apt. 975						5 Medicare wages and tips				6 Medicare tax withheld			
Alanchester WY 98151-2505						6070.84							
					7 Social security tips				8 Allocated tips				
						209339.48							
d Control number					9 Advance EIC payment			10 Dependent care benefits					
	2157565								:	270			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12				
		230				D 6804							
	John Hernandez					13 Statutory Retirement Third-party							
68669 Morris Ranch					employee plan sick pay				E	835			
	East Jameshaven HI 82910-864					14 Other (see enclosed Notice to Employee)							
						, ,	, ,		_				
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								12d	1				
									D :	173			
f Employee's address and ZIP code													
15 State	Employer's state ID n	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local inco	ome tax		20 Locality name		
RI	781-5	9-074	93580.52	7708.52		198022.26	28	552.	53		Matthews Mountains		
AL	781-7	5-590	100487.17	6622.2		198877.25	22	451.	76		Caleb Square		

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

