REISSUED a Employee's social securit	•			Safe, Acc	urate,	O A Sile		IRS Website		
STATEMENT 568-4'	7-0259	OMB No	. 1545-0	008 FAST! U	se	e-file	at www.	irs.gov/efile.		
b Employer identification number			1 '	Wages, tips, other comp	ensation	2 Fe	deral income ta	x withheld		
68-7885980				190622.69			31127.73			
c Employer's name, address, and ZIP code			3 Social security wages			4 Sc	4 Social security tax withheld			
Pearson, Adams and Beck PLC				193764.16			14822.96			
0297 Marks Turnpike			5	Medicare wages and tips		6 Me				
South Carla OR 90305-7472				157879.73			4578.51			
South Carla OR 90305-7472			7 Social security tips			8 All	8 Allocated tips			
			193764.16				157879.73			
d Control number			9	Advance EIC payment		10 De	pendent care b	enefits		
2140944							254			
e Employee's first name and initial Last name			11	Nonqualified plans		12a Se	e instructions	for box 12		
Garatia Garatia				178		G	5658			
Carrie Gonzalez			13 Statutory Retirement Third-party employee plan sick pay			12b				
2631 Karen Manors			emp	loyee plan	sick pay	G	178			
Cherylburgh VA 30633-5058			14 Other (see enclosed Notice to Employee)			ee) 12c	i			
							839			
						12d				
							170			
f Employee's address and ZIP code							12.0			
1 2/ 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	te wages, tips, etc. 1	7 State income tax		18 Local wages, tips,	etc.	19 Local incom	e tax	20 Locality name		
NE 878-45-740 944	18.16	9466.69		142382.96	2382.96 22		26	Robin Dam		
ND 552-52-346 946	31.49	790.88		223986.01		29398.2	26	Wells Union		

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.

RE	ISSUED	a Employee's socia	l security number		This information is being furnished to the Internal Revenue Service. If you are required						
	TEMENT	56	8-47-0259	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				Wages, tips, other compensation			2 Federal income tax withheld				
68-7885980				190622.69			31127.73				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Pearson, Adams and Beck PLC				193764.16			14822.96				
0297 Marks Turnpike				5 Medicare wages and tips			6 Medicare tax withheld				
<u>-</u>				157879.73			4578.51				
South Carla OR 90305-7472			7 Social security tips			8 Allocated tips					
				193764.16			157879.73				
d Control number			9 Advance EIC payment			10 Dependent care benefits					
2140944							254				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Carrie Gonzalez			178 13 Statutory Retirement Third-party			G 5658					
2631 Karen Manors			emple				178				
Cherylburgh VA 30633-5058				14 Other (see enclosed Notice to Employee)			12c				
Cheryiburgh VA 30033 3030			839								
							12d				
							170				
	e's address and ZIP coo		140 00000000000000000000000000000000000	1.7 0		I do I and a series	10.1	-12		00 1	
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		al income tax		20 Locality	
NE	878-45	-740	94418.16	9466.69		142382.96 22		2202.26		Robin	Dam
ND	552-52	-346	94631.49	9790.88		223986.01	293	98.26		Wells t	Jnion

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

