REISSUED a Employee's social security number	Safe, Accurate, Visit the IRS Website					
STATEMENT 765-93-7757	OMB No. 1545-0008	FAST! Use	*E ~ file	at www.irs.gov/efile.		
<b>b</b> Employer identification number	1 Wa	ges, tips, other compensation	2 Federa	2 Federal income tax withheld		
99-5778501	4	13672.77	1586	15863.28		
c Employer's name, address, and ZIP code	3 Soc	ial security wages	4 Social	4 Social security tax withheld		
Hernandez LLC PLC	3	34273.85	2621	2621.95		
828 Fleming Passage Suite 661		licare wages and tips	6 Medica			
Cardenasstad TN 89006-2411		0269.44	0 411	1457.81		
03000 2111		ial security tips	8 Alloca	8 Allocated tips		
d Control number	_	34273.85 ance EIC payment	10 Depen	50269.44  10 Dependent care benefits		
5514900	9 Adv	ance EIC payment				
	11 Non	qualified plans	42a Saain	177		
e Employee's first name and initial Last name	11 Non	iquaiilled pians	12a See in	12a See instructions for box 12		
Dr. Karen	2	240		6408		
Dr. Karen	13 Statutory employe		12b	İ		
1303 Michael Spurs Suite 815	X		E	E 132		
Lake Amberstad KY 44590-5700	14 Oth	er (see enclosed Notice to Emplo	yee) 12c	1		
			E	159		
			12d			
			Н	452		
f Employee's address and ZIP code						
10		18 Local wages, tips, etc. 19 Local income tax 20		x 20 Locality name		
ME 175-62-474 20360.64 1125	. 4 5	55953.17 5410.06 Br		Brittany Viaduct		
MS 917-74-854 20336.37 964.	57 3	36137.93 7		Robert Freeway		

Wage and Tax

Form W-2 Statement

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.

F	REISSUED	a Employee's socia	I security number		This information is being furnished to the Internal Revenue Service. If you are required							
_	TATEMENT	76	55-93-7757	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> Emplo	<b>b</b> Employer identification number				1 Wages, tips, other compensation			Federal income tax withheld				
99-5778501				43672.77			15863.28					
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld					
Hernandez LLC PLC				34273.85			2621.95					
828 Fleming Passage Suite 661				5 Medicare wages and tips			6 Medicare tax withheld					
Cardenasstad TN 89006-2411			50269.44			1457.81						
			7 Social security tips			8 Allocated tips						
				34273.85			50269.44					
d Contro	d Control number			9 Advance EIC payment			10 Dependent care benefits					
5514900								177				
e Emplo	e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Dr. Karen			240  13 Statutory Retirement Third-party employee plan sick pay			6408						
1303 Michael Spurs Suite 815				Х			E	132				
Lake Amberstad KY 44590-5700					14 Other (see enclosed Notice to Employee)			12c				
			E 159									
				12d								
								Н	452			
	oyee's address and ZIP coo		T .	r		T				1		
15 State			16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		cal income tax		20 Locality name		
ME	175-62	2-474	20360.64	1125.4		55953.17	541	10.06		Brittany Viaduct		
MS	917-74	l-85 <b>4</b>	20336.37	964.57		36137.93	782	27.31		Robert Freeway		

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

