| REISSUED a Employee's social security number | | Safe, Accurate, | | Visit the IRS Website | | | |
|---|----------------|-------------------------------------|---------------------|---|--|--|--|
| STATEMENT 343-51-4024 | OMB No. 1545-0 | 0008 FAST! Use | **E ~ file | at www.irs.gov/efile. | | | |
| b Employer identification number | 1 | Wages, tips, other compensation | 2 Federal | income tax withheld | | | |
| 37-5949587 | | 216299.02 | 4973 | 49731.07 | | | |
| c Employer's name, address, and ZIP code | 3 | Social security wages | 4 Social s | 4 Social security tax withheld | | | |
| Estrada, Thompson and Cummings Inc | | 243557.18 | 18632 | 18632.12 | | | |
| 1235 Wilson Avenue Apt. 070 | 5 | Medicare wages and tips | 6 Medicai | | | | |
| Jenniferton NE 32599-7395 | | 265100.92 | | 7687.93 | | | |
| Demiliercon NE 32399 7393 | 7 | Social security tips | 8 Allocate | - · · · · · · · · · · · · · · · · · · · | | | |
| | - | 243557.18 | | 265100.92 | | | |
| d Control number | 9 | Advance EIC payment | 10 Depend | dent care benefits | | | |
| 4420413 | | | | 216 | | | |
| e Employee's first name and initial Last name | 11 | Nonqualified plans | 12a See ins | structions for box 12 | | | |
| | | 136 | P | P 6805 | | | |
| Deborah Roberts | | tutory Retirement Third-part | y 12b | 1 | | | |
| 4558 Megan Camp Suite 010 | em | plan sick pay | | 603 | | | |
| Parrishshire KS 62340-3696 | 14 | Other (see enclosed Notice to Emple | oyee) 12c | | | | |
| Tallibilitie Ro 02340 3030 | | | G | 604 | | | |
| | | | 12d | | | | |
| | | | E | 184 | | | |
| f Employee's address and ZIP code | | | | 104 | | | |
| | e income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | | | |
| HI 287-10-787 105009.73 1023 | 36.51 | 246130.56 | 38487.14 | Andrew Vista | | | |
| MD 685-68-609 101081.56 1160 | 00.48 | 267839.71 | 21774.45 | Jessica Cape | | | |

Wage and Tax 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.

| REIS | SUED | a Employee's socia | I security number | r | | | This information is being furnish | | | | | | |
|---|-----------------------|--------------------|--|-----------------------------|--------------------------------------|---|-----------------------------------|--------------------------------------|-------------------------------|---|--------------|--|--|
| _ | EMENT | 34 | 3-51-40 | 24 | OMB No | 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 ide | entification number | l | | | l . | Wages, tips, other compensation | | | 2 Federal income tax withheld | | | | |
| 37-5949587 | | | | | 216299.02 | | | 49731.07 | | | | | |
| c Employer's name, address, and ZIP code | | | | | 3 Social security wages | | | 4 Social security tax withheld | | | | | |
| Estrada, Thompson and Cummings Inc | | | | | 243557.18 | | | 18632.12 | | | | | |
| 1235 Wilson Avenue Apt. 070 | | | | 5 Medicare wages and tips | | | Medicare tax withheld | | | | | | |
| Jenniferton NE 32599-7395 | | | | 265100.92 | | | 7687.93 | | | | | | |
| | | | | 7 Social security tips | | | 8 Allocated tips | | | | | | |
| | | | | | 243557.18 | | | 265100.92 | | | | | |
| d Control number | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | | | |
| 4420413 | | | | | | | | 216 | | | | | |
| e Employee's first name and initial Last name | | | 11 Nonqualified plans 12a See instructions for box 1 | | | for box 12 | | | | | | | |
| Deborah Roberts | | | 136 | | | P 6805 | | | | | | | |
| | | | 13 State | tory Retirement Third-party | | 12b | | | | | | | |
| 4558 Megan Camp Suite 010 | | | | emp | oyee plan sick pay | | | 603 | | | | | |
| _ | | | | 14 (| Other (see enclosed Notice to Employ | (OO) | 12c | 000 | | | | | |
| Parrishshire KS 62340-3696 | | | | 14 1 | Other (see enclosed Notice to Employ | ee) | 120 | Í | | | | | |
| | | | | | | | G | 604 | | | | | |
| | | | | | | | | ĺ | 12d | 1 | | | |
| | | | | | | | E 184 | | | | | | |
| | address and ZIP cod | e | | | | | | | | | | | |
| 15 State En | mployer's state ID nu | mber | 16 State wages, | , tips, etc. | 17 State income tax | | 18 Local wages, tips, etc. | 19 Local income tax 20 Locality name | | | | | |
| HI | 287-10 | 787 | 105009. | 73 | 10236.51 | 246130.56 38487.14 | | | Andrew Vista | | | | |
| MD | 685-68 | -609 | 101081. | 56 | 11600.48 | | 267839.71 | 21 | 774.45 | | Jessica Cape | | |

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

