F	REISSUED	a Employee's socia	•				Safe, Accurate,	TRE .	H		Visit the	IRS Webs	site	
S	TATEMENT	37	9-67-2181	OMB	No. 1545-0	8000	FAST! Use		7 111		at www.ii	rs.gov/efile	Э.	
b Employer identification number					1	1 Wages, tips, other compensation				2 Federal income tax withheld				
39-8885336						138741.06				28893.8				
c Employer's name, address, and ZIP code					3	3 Social security wages				4 Social security tax withheld				
Rodriguez Group and Sons						145638.99				11141.38				
65928 Kenneth Mall Apt. 834					5	5 Medicare wages and tips				6 Medicare tax withheld				
						151503.78				4393.61				
Samuelbury IN 24254-9035					7	1 223 372			8 Allocated tips					
						145638.99				151503.78				
	ol number				9						enefits			
	2751239								242					
e Employee's first name and initial Last name					11	11 Nonqualified plans				12a See instructions for box 12				
						104			G 1146					
	Andrea Cochran					13 Statutory Retirement Third-party sick pay Plan Third-party sick pay X								
1343 Alisha Fork Apt. 927 North Dannyshire MS 34173-2158					em					180				
					14					i				
										G 257				
									12d					
											277			
	yee's address and ZIP cod		Т .	-								1		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income ta	K		al wages, tips, etc.		Local inco			20 Localit	y name	
MS	796-06	-152	62700.45	5161.74		114	151.39	20	6631.	44		Collins	Junctions	
TN	310-91	-890	75321.56	6497.0		161	196.24	20	6235.	45		Lisa	Land	

Wage and Tax Statement

Form W-2

5010

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 social security number This information is being furnished to the Internal Revenue Service. If you													
S	STATEMENT 379-67-2181 OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be imposed on this income is taxable and you fail to report it.							e imposed on you ii						
b Employer identification number						1 Wages, tips, other compensation				2 Federal income tax withheld				
39-8885336						138741.06	28893.8							
c Employer's name, address, and ZIP code						Social security wages	4 Social security tax withheld							
Rodriguez Group and Sons 65928 Kenneth Mall Apt. 834						145638.99	11141.38							
						Medicare wages and tips	6 Medicare tax withheld							
Samuelbury IN 24254-9035						151503.78	4393.61							
					7	Social security tips	8 Allocated tips							
						145638.99	151503.78							
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits					
	2751239							242						
e Emplo	oyee's first name and initial	Last name	е		11 Nonqualified plans			12a See instructions for box 12						
Andrea Cochran						104 13 Statutory Retirement Third-party employee plan sick pay				G 1146				
1343 Alisha Fork Apt. 927 North Dannyshire MS 34173-2158					em	No yee plan Sick pay		180						
					14 Other (see enclosed Notice to Employee)				12c					
									G :	257				
									12d					
										277				
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax						140 1 1: 4:	40.1	ocal inco			20 Locality name			
	, ,		9			18 Local wages, tips, etc.					ZU LOCAIITY HATTIE			
MS	796-06	0-125	62700.45	5161.74		114151.39	26	631.	44		Collins Junctions			
TN	310-91	L-890	75321.56	6497.0		161196.24	26	235.	45		Lisa Land			

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

