INDIGOUD	ocial security number			Safe, Accu	rate,		Visit the IRS Website			
STATEMENT	282-35-4788	OMB N	o. 1545-00	008 FAST! Use		**************************************	at www.irs.gov/efile.			
b Employer identification number		•	1 V	Vages, tips, other comper	nsation	2 Federa	al income tax withheld			
95-8239585				125242.5			24860.66			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld				
Foster, Young and Brooks and Sons			102972.18			7877.37				
28039 Jefferson Bypass			5 Medicare wages and tips			6 Medicare tax withheld				
Shermanland IN 47053-6445				150174.99			4355.07			
SHEIMAHIANG IN 47035-0443			7 Social security tips			8 Allocated tips				
				102972.18			150174.99			
d Control number			9 A	Advance EIC payment		10 Deper	ident care benefits			
7248111							265			
e Employee's first name and initial Last na	ame		11 N	Nonqualified plans		12a See ir	nstructions for box 12			
			103			P	P 5353			
Edward Cervantes			13 Statu		Third-party	12b				
74370 Deanna Pass	sage Suite 518		empl	oyee plan	sick pay	E	661			
South Joseph NY	01543-3068		14 (Other (see enclosed Notic	e to Employee	12c	1			
South South MI	01010 0000						936			
						12d	1			
							225			
f Employee's address and ZIP code							L			
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	•	18 Local wages, tips, e	tc. 1	9 Local income ta	x 20 Locality name			
GA 364-46-433	57973.92	2894.34		136982.05	2	2164.33	Jill Knoll			
GA 209-44-091	67055.86	3018.28		121327.22	2	20529.15	Ramirez Extensions			

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.

F	REISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
S	TATEMENT	28	32-35-4788	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			1 Wages, tips, other compensation			2 Federal income tax withheld					
95-8239585				125242.5			24860.66				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Foster, Young and Brooks and Sons				102972.18			7877.37				
28039 Jefferson Bypass Shermanland IN 47053-6445			5 Medicare wages and tips 150174.99			6 Medicare tax withheld 4355.07					
									7 Social security tips		
						102972.18			150174.99		
d Contro	ol number				9	Advance EIC payment		10 Depend	lent care be	enefits	
	7248111								265		
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Edward Cervantes			103			P 5353					
			13 Stat emp	utory Retirement Third-party loyee <u>plan</u> <u>sick pay</u>		12b	Ī				
74370 Deanna Passage Suite 518						E	661				
South Joseph NY 01543-3068			14	Other (see enclosed Notice to Employ	ree)	12c					
						936					
							F	12d			
							225				
	oyee's address and ZIP coo		Transition in the	Language and the second		Trans.	140			Lag I II	
15 State	, ,, , , , , , , , , , , , , , , , , , ,		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		ocal income tax		20 Locality name	
GA	364-46	-433	57973.92	2894.34		136982.05	22	164.33		Jill Knoll	
GA	209-44	l-091	67055.86	3018.28		121327.22	20	529.15		Ramirez Extensions	

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

