F	REISSUED	a Employee's socia	al security number			Safe	, Accurate,	e D	AHIO.	Visit the	IRS Website	
S	TATEMENT	59	93-84-6588	OMB N	o. 1545-0	008 FAS	T! Use	G	file)	at www.i	rs.gov/efile.	
b Employer identification number					1 '	1 Wages, tips, other compensation			2 Federal income tax withheld			
66-2826262						187372.8			58805.67			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Hoffman PLC LLC					137300.81				10503.51			
7759 Nancy Mountain Apt. 162 Courtneymouth NH 75600-6012				5 Medicare wages and tips				6 Medicare tax withheld				
				207386.69				6014.21				
	Cour cheymou	CII NII	75000 0012		7 Social security tips				8 Allocated tips			
					137300.81				207386.69			
d Contro					9 Advance EIC payment 10 Dependent care benefits				enefits			
	4113879								285			
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12				
				196				1186				
	Sheri Peterson				13 Statutory Retirement Third-party employee plan sick pay				12b	i		
727 Dana Ferry Suite 411				X X X X					607			
	Andrewland HI 18669-5987				14 Other (see enclosed Notice to Employee)			/ee)	12c			
Andrewrand nr 10009-3907							н	976				
						-	11 3 / G					
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	yee's address and ZIP cod		Transis is in	1 0		Tro i		1.0			I an i iii	
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wage	• •		ocal income ta		20 Locality nam	
СО	472-73	-070	102375.33	9589.09		154345	. 62	239	967.97		Sarah For	ges
AK	540-29	-175	91011.43	7523.82		134593	. 53	249	955.35		Adams Cre	eek

Wage and Tax

Form W-2 **Statement**Copy B--To Be Filed with Employee's FEDERAL Tax Return

5010

Department of the Treasury--Internal Revenue Service

This information is being furnished to the Internal Revenue Service.

Cut here. Keep lower portion for your records.

	REISSUED	a Employee's soc	•			This information is being furnis to file a tax return, a negligence						
	TATEMENT	5	93-84-6588	OMB N	o. 1545-00	this income is taxable and you		report it.		. ,		
b Emplo	b Employer identification number				1 Wages, tips, other compensation			Federal income tax withheld				
66-2826262					187372.8			58805.67				
c Emplo	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Hoffman PLC LLC 7759 Nancy Mountain Apt. 162					137300.81 5 Medicare wages and tips			10503.51 6 Medicare tax withheld				
Courtneymouth NH 75600-6012					7 Social security tips			8 Allocated tips				
						137300.81			207386.69			
d Contro	ol number				9 Advance EIC payment			10 Dependent care benefits				
	4113879							285				
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
	Sheri Peterson 727 Dana Ferry Suite 411				196 13 Statutory Retirement Third-party sick pay			1186				
								607				
	Andrewland HI 18669-5987					14 Other (see enclosed Notice to Employee)			12c			
111111111111111111111111111111111111111							н	н 976				
								12d				
									671			
f Emplo 15 State	eyee's address and ZIP co Employer's state ID n		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	10	Local income ta	v	20 Locality name		
						=			^			
СО	472-73	3-0/0	102375.33	9589.09		154345.62	23	967.97		Sarah Forge		
AK	540-29	9-175	91011.43	7523.82		134593.53	24	955.35		Adams Cree		

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

