R	EISSUED	a Employee's socia	•			Saf	e, Accurate,	Re O	H	Visit the	IRS Websit	e	
ST	ATEMENT	82	9-52-1595	OMB	No. 1545-0	008 FA	ST! Use		ile	at www.i	rs.gov/efile.		
b Employer identification number					1	1 Wages, tips, other compensation			2 Federal income tax withheld				
33-7483122						85530.76				29042.92			
c Employ	er's name, address, and 2	ZIP code			3	3 Social security wages				4 Social security tax withheld			
Munoz-Jackson and Sons						62445.15				4777.05			
13531 Kelly Hills Suite 450					5	The second state of the second				6 Medicare tax withheld			
Stoneside PA 23411-6875					90847.52				2634.58				
Stoneside PA 23411-6675				7	7 Social security tips				8 Allocated tips				
						62445.15				90847.52			
d Control					9	9 Advance EIC payment			10 Dependent care benefits				
•	7966625								284				
e Employee's first name and initial Last name					11	11 Nonqualified plans			12a See instructions for box 12				
						293			E 8709				
	Sarah Mendoza					13 Statutory Retirement Third-party employee plan sick pay				1			
908 Anderson Road Suite 093										975			
North Josefurt NJ 51636-389						14 Other (see enclosed Notice to Employee)				i			
										i 672			
									12d				
									E	843			
	ee's address and ZIP cod												
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income ta	ax	18 Local wag		19 Local		x	20 Locality	name	
AZ	427-87	-131	44924.27	3893.29		109498	. 64	1014	7.97		Nicole	Isle	
OK	341-32	-335	41899.91	3623.89		94416.	38	1617	2.97		Nicholas	Highway	

Wage and Tax

5070

Department of the Treasury--Internal Revenue Service

Form W-2 Statement

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.

REISSUED	a Employee's socia	al security number								ice. If you are required		
STATEMENT 829-52-1595 OM			MB 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	1 Wages, tips, other compensation				Federal income tax withheld			
33-7483122					85530.76				29042.92			
c Employer's name, address, a	nd ZIP code			3	3 Social security wages			4 Social security tax withheld				
Munoz-Jackson and Sons					62445.15				4777.05			
13531 Kelly Hills Suite 450				5					6 Medicare tax withheld			
-				90847.52				2634.58				
Stoneside PA 23411-6875				7 Social security tips				8 Allocated tips				
					62445.15				90847.52			
d Control number				9	9 Advance EIC payment			10 Dependent care benefits				
7966625									284			
e Employee's first name and initial Last name				11	11 Nonqualified plans			12a See instructions for box 12				
					293			E 8709				
Saran Mei	Sarah Mendoza				13 Statutory Retirement Third-party				1			
908 Anderson Road Suite 093 North Josefurt NJ 51636-389					mployee plan sick pay X 14 Other (see enclosed Notice to Employee)				975			
									i			
								Н	672			
								E	843			
f Employee's address and ZIP code									1			
15 State Employer's state ID		16 State wages, tips, etc.	17 State income to	эх	18 Local wages, tips	, etc. 1	9 Local inc	come tax	(20 Locality name		
AZ 427-8	37-131	44924.27	3893.29		109498.64 1		0147.97			Nicole Isle		
OF 241	32-335	41899.91	3623.89		94416.38	7,	6172	0.7				
OK 341-3	02-333	41033.31	3023.89		94410.38] 1	10T / Z	.91		Nicholas Highway		

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

