REISSUED a Employee's social security number	Safe, Accurate, Visit the IRS Website							
STATEMENT 364-37-5112	OMB No. 1545-0008 FAST! Use at www.irs.gov/efile.							
b Employer identification number	1 Wages, tips, other compensation 2 Federal income tax withheld							
71-4198609	248869.22 64433.29							
c Employer's name, address, and ZIP code	3 Social security wages 4 Social security tax withheld							
Parsons, Cox and Baird LLC	298630.67 22845.25							
089 Anthony Meadow Suite 826	5 Medicare wages and tips 6 Medicare tax withheld							
Jameshaven CT 83220-7837	322812.86 9361.57							
Jamesiaven of OJZZO 7037	7 Social security tips 8 Allocated tips							
d Control number	298630.67 322812.86 9 Advance EIC payment 10 Dependent care benefits							
3988664	194							
e Employee's first name and initial Last name	11 Nonqualified plans 12a See instructions for box 12							
Debent Mhemmeen	217 P 8804							
Robert Thompson	13 Statutory Retirement Third-party 12b employee plan sick pay							
965 Cordova Corner Apt. 713	E 586							
Gutierrezstad NM 66925-9021	14 Other (see enclosed Notice to Employee) 12c							
	н 124							
	12d							
	444							
f Employee's address and ZIP code								
15 State Employer's state ID number 16 State wages, tips, etc. 17 State	ncome tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name							
DE 431-58-737 114322.23 8181	.69 283766.69 39100.77 Coleman Inlet							
LA 165-65-777 133300.83 1147	4.02 187497.9 36426.96 Sutton Springs							

Wage and Tax Statement

Form W-2

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 soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required								
S	TATEMENT	3	64-37-5112	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					Wages, tips, other compensation				2 Federal income tax withheld				
71-4198609				248869.22				64433.29					
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld					
Parsons, Cox and Baird LLC				298630.67				22845.25					
089 Anthony Meadow Suite 826 Jameshaven CT 83220-7837					5 Medicare wages and tips 322812.86				6 Medicare tax withheld 9361.57				
													7 Social security tips
					298630.67				322812.86				
					d Contro	d Control number				9 Advance EIC payment			
	3988664								194				
e Employee's first name and initial Last name			11 Nonqualified plans				12a See instructions for box 12						
Robert Thompson 965 Cordova Corner Apt. 713				217					P 8804				
				13 Statutory Retirement Third-party employee plan sick pay 14 Other (see enclosed Notice to Employee)				12b		i			
									E	586			
Gutierrezstad NM 66925-9021								12c					
Guererrezo eda AM GUOZZO JUZI								н	124				
			12d										
										444			
f Emplo 15 State	eyee's address and ZIP con Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local was	use time atc	10 1	ocal inc	ome tav		20 Locality name	
	· ·		9		1.0 =====			9 Local income tax 39100.77			,		
DE	431-58	5-131	114322.23	8181.69		283/66	0.09	39	T00	. / /		Coleman Inlet	
LA	165-65	5-777	133300.83	11474.02		187497	1.9	36	426	. 96		Sutton Springs	

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

