REISSUED a Employee's social security number					Safe, Acc		Visit the IRS Website					
S	TATEMENT	84	18-85-0321	OMB N	o. 1545-00	08 FAST! Us	se		at www	v.irs.gov/efile.		
b Employer identification number					1 W	1 Wages, tips, other compensation			Federal income tax withheld			
	14-3299443					171356.67			56275.15			
c Employer's name, address, and ZIP code					3 S	3 Social security wages			4 Social security tax withheld			
Rocha-Jackson Inc					162143.84			12	12404.0			
699 Jean Stream Apt. 619					5 Medicare wages and tips			6 M				
_						146906.51			4260.29			
	Jerometon	PA 16	905-3351		7 S	ocial security tips		8 AI	8 Allocated tips			
					162143.84				146906.51			
d Control number					9 Advance EIC payment			10 D				
1990740								280				
e Emplo	byee's first name and initial	Last name			11 Nonqualified plans			12a S	12a See instructions for box 12			
		_			259			I	н 9206			
	Jose Dr	ake				13 Statutory Retirement Third-party						
5845 Kyle Extension						employee plan sick pay			807			
Port Brian NY 64209-6379				14 0	ther (see enclosed Noti	ce to Employee)	12c	ĺ				
								≅ 870	870			
									607			
f Employee's address and ZIP code												
15 State	Employer's state ID nun		16 State wages, tips, etc.	17 State income tax	•	18 Local wages, tips,	etc. 19	9 Local incon	ne tax	20 Locality name		
ME	473-82	-087	87497.39	8657.37		217673.75	2	29309.	67	Anthony Trafficway		
OK	134-11	-172	77450.59	6532.04		172711.17	2	24765.	43	Rachel Turnpike		
Wage and Tax						Department of the TreasuryInternal Revenue Service						
Form W-2 Statement				\Box \Box \Box	U		2 opartino	0. 310 110	caca.y iinoi			

Statement Form W-2 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 soc	ial security number		This information is being furnished to the Internal Revenue Service. If you are required							
S	TATEMENT	8	48-85-0321	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 Emplo	b Employer identification number					1 Wages, tips, other compensation			2 Federal income tax withheld			
14-3299443					171356.67			56275.15				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Rocha-Jackson Inc					162143.84			12404.0				
699 Jean Stream Apt. 619				5 Medicare wages and tips			6 Medicare tax withheld					
Jerometon PA 16905-3351						146906.51	4260.29					
					7 Social security tips			8 Allocated tips				
						162143.84	146906.51					
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	1990740							280				
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
	Jose Drake					259			н 9206			
						13 Statutory Retirement Third-party						
5845 Kyle Extension Port Brian NY 64209-6379					employee plan sick pay 14 Other (see enclosed Notice to Employee)			807				
								12c				
								1	E 8	870		
								12d				
									607			
f Employee's address and ZIP code 15 State					I do I and a second	10.1	ocal incor			00 1		
15 State	Employer's state ID n		16 State wages, tips, etc.			18 Local wages, tips, etc.					20 Locality name	
ME	473-82	2-087	87497.39	8657.37		217673.75	29	309.	67		Anthony Trafficway	
ок	134-13	1-172	77450.59	6532.04		172711.17	24	765.	43		Rachel Turnpike	

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

