RE	REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website									
STA	STATEMENT 625-33-9114				No. 1545-	-0008 F	AST! Use		≁file	at www.	irs.gov/efile.			
b Employer identification number						Wages, tips,	other compensa	ation	2 Federal income tax withheld					
0	1-7513434		22898	88.71		33143.0								
c Employer's name, address, and ZIP code						Social securit	y wages		4 Social security tax withheld					
Salinas, Edwards and Hanna Ltd						20571	.6.25		15737.29					
10770 Angela Track North Timothyside MT 43248-6196						5 Medicare wages and tips				6 Medicare tax withheld				
						18866	55.57		5471.3					
						Social securit	y tips		8 Allocated tips					
						20571	16.25		188665.57					
d Control number						9 Advance EIC payment 10 Dependent care benefits								
5800871										274				
e Employee's first name and initial Last name						Nonqualified	plans		12a See instructions for box 12					
						262			P 6202					
Nicholas Hernandez					13 St			hird-party	12b					
03935 Ho Roads East Laurentown AK 94882-980						nployee p	lan s	ick pay	G	442				
						Other (see en	closed Notice to	n Employee)	12c					
						01.101 (000 01		o		1				
										575				
									12d	ı				
										858				
	ee's address and ZIP cod									•	_			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income ta:	x		ages, tips, etc.	19	Local income	tax	20 Locality name			
NY	343-18	-942	120930.27	9343.33		26224	11.79	24	1546.0	8	Davis Cliffs			
										_				
MS	415-07	-982	105974.3	8031.51		25799	95.57	31	L751.6	6	Wood Rapids			

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.

RI	EISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required											
	TATEMENT 625-33-9114 OMB No. 1545-0008 to file a tax return, a neglige this income is taxable and y									e penalty or other sanction may be imposed on you if a fail to report it.						
b Employer identification number						1 Wages, tips, other compensation 2 Federal income tax withheld							x withheld			
01-7513434							228988.71					33143.0				
c Employer's name, address, and ZIP code							3 Social security wages					4 Social security tax withheld				
Salinas, Edwards and Hanna Ltd							205716.25					15737.29				
10770 Angela Track						5 Medicare wages and tips						6 Medicare tax withheld				
North Timothyside MT 43248-6196						188665.57						5471.3				
						7 Social security tips						8 Allocated tips				
							205716.25					188665.57				
d Control number						9 Advance EIC payment 10					10	Dependent care benefits				
5800871						2					274	274				
e Employee's first name and initial Last name						11 Nonqualified plans						12a See instructions for box 12				
Nicholas Hernandez						262						P 6202				
						13 Statutory Retirement Third-party						12b				_
						emp	oyee	plan		sick pay			G	442		
05955 No Rodus						14)) 		l Niedies d	a Familia		12c	<u> </u>	772		
East Laurentown AK 94882-980						14 Other (see enclosed Notice to Employee)					ee)	120				
											575					
											12d		1			
												858				
f Employee's address and ZIP code													•			
15 State	Employer's state ID no	ımber	16 State wages, tips, e	tc. 17 State	7 State income tax		18 Local wages, tips, etc.		19 Lo	19 Local income tax			20 Locality nam	ıe		
NY	343-18	3-942	120930.27	9343	. 33		262	241.	79		24	546	.08		Davis Cli	ffs
MS	415-07	7-982	105974.3	8031	.51		257	995.	57		31	751	. 66		Wood Rap	ids

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

