| REISSUED a Employee's social security number | | | Safe, Ac | curate, | | Visit the IRS Website | | | |
|----------------------------------------------------------------|---------------------|------------|------------------------|------------------|-------------------|--------------------------|--|--|--|
| STATEMENT 579-62-2304 | OMB No | o. 1545-00 | 08 FAST! L | lse 📉 | e~file | at www.irs.gov/efile. | | | |
| b Employer identification number | | 1 V | ages, tips, other com | pensation | 2 Fede | ral income tax withheld | | | |
| 45-1191380 | | | 169940.55 | | | 39380.04 | | | |
| c Employer's name, address, and ZIP code | | 3 S | ocial security wages | | 4 Socia | al security tax withheld | | | |
| Rogers Group and Sons | | | 183562.24 | | | 14042.51 | | | |
| 07722 Matthew Centers Apt. 738 | | | ledicare wages and tip | | 6 Medi | | | | |
| North Wanda LA 20432-2114 | | | 162891.44 | Į. | | 4723.85 | | | |
| | | | 7 Social security tips | | | 8 Allocated tips | | | |
| | | | 183562.24 | l . | | 162891.44 | | | |
| d Control number | | 9 A | dvance EIC payment | | 10 Depe | endent care benefits | | | |
| 7368775 | | | | | | 239 | | | |
| e Employee's first name and initial Last name | | 11 N | onqualified plans | | 12a See | instructions for box 12 | | | |
| - · · · · · · · · · · · · · · · · · · · | | | 133 | | E | 3942 | | | |
| Jennifer Hill | | 13 Statu | | Third-party | 12b | 1 | | | |
| 666 Leblanc Landing Suite 738 | | emplo | pyee plan | sick pay | | 623 | | | |
| Smithburgh NY 57204-9089 | | 14 C | ther (see enclosed No | otice to Employe | ee) 12c | i | | | |
| | | | | | | 793 | | | |
| | | | | | 12d | | | | |
| | | | | | | 167 | | | |
| f Employee's address and ZIP code | | | | | | 1207 | | | |
| 15 State Employer's state ID number 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips | s, etc. | 19 Local income t | ax 20 Locality name | | | |
| NY 975-21-045 81510.14 | 5212.57 | | 184718.34 | 1 | 27213.21 | Simon Via | | | |
| MT 154-09-628 88242.72 | 5776.36 | | 182735.72 | 2 | 20075.58 | Cynthia Springs | | | |

Wage and Tax

5070 **Statement** Form W-2

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 socia | I security number | | This information is being furnished to the Internal Revenue Service. If you are required | | | | | | | |
|----------------------------------------------------------|------------------------------------------------------|--------------------|----------------------------|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------|-------------------------------|-------------|---------------|--------|--|
| S | TATEMENT | 57 | 79-62-2304 | 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 | | | | |
| 45-1191380 | | | 169940.55 | | | 39380.04 | | | | | | |
| c Employer's name, address, and ZIP code | | | 3 Social security wages | | | 4 Social security tax withheld | | | | | | |
| Rogers Group and Sons | | | 183562.24 | | | 14042.51 | | | | | | |
| 07722 Matthew Centers Apt. 738 North Wanda LA 20432-2114 | | | | 5 N | ledicare wages and tips | | 6 Medicare tax withheld | | | | | |
| | | | 162891.44 | | | 4723.85 | | | | | | |
| | | | | 7 Social security tips | | | 8 Allocated tips | | | | | |
| | | | 183562.24 | | | 162891.44 | | | | | | |
| d Contro | ol number | | | | 9 A | dvance EIC payment | | 10 Depend | ent care be | enefits | | |
| | 7368775 | | | | | | | | 239 | | | |
| e Employee's first name and initial Last name | | | 11 N | onqualified plans | | 12a See instructions for box 12 | | | | | | |
| Jennifer Hill | | | | 133 13 Statutory Retirement Third-party | | | E 3942 | | | | | |
| 666 Leblanc Landing Suite 738 Smithburgh NY 57204-9089 | | | emple | | | | 623 | | | | | |
| | | 57204-9089 | | 14 Other (see enclosed Notice to Employee | | |) 12c | | | | | |
| | | | | | | | 793 | | | | | |
| | | | | | | | | 12d | | | | |
| | | | | | | | | | 167 | | | |
| f Emplo 15 State | eyee's address and ZIP cod Employer's state ID nu | | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips, etc. | 10.10 | ocal income tax | | 20 Locality r | 2000 | |
| | | | 5 | | | 0 | | | | , | | |
| NY | 975-21 | 045 | 81510.14 | 5212.57 | | 184718.34 | 212 | 213.21 | | Simon | vıa | |
| МТ | 154-09 | -628 | 88242.72 | 5776.36 | | 182735.72 | 200 | 75.58 | | Cynthia S | prings | |

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

