REISSUED	REISSUED a Employee's social security number			Safe, Accurate,				Visit the IRS Website			
STATEMENT	0	60-98-3535	OMB N	o. 1545-0	008 FAST! Us	e 💮		at www.	irs.gov/efile.		
b Employer identification number				1	1 Wages, tips, other compensation			2 Federal income tax withheld			
05-0434434					99082.42			10880.84			
c Employer's name, address, and ZIP code				3 Social security wages			4 8	4 Social security tax withheld			
Williams, Mejia and Johnson PLC				79541.39			60	6084.92			
50705 Daniel Burg				5 Medicare wages and tips			6 N	6 Medicare tax withheld			
					91257.95			2646.48			
South Blakemouth MD 27452-7574				7 Social security tips			8 A	8 Allocated tips			
				79541.39				91257.95			
d Control number				9 Advance EIC payment			10 Dependent care benefits				
7147895								262			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Drew Jimenez			162				D 9157				
			13 Stat		Third-party	12b					
58276 Amy Villages				employee plan sick pay				E 636	636		
				14	Other (see enclosed Notice	ce to Employee) 12c	_ 1000			
Mitchellchester AZ 75507-4108					(_			
								н 266			
							12d	ĺ			
								578			
f Employee's address and ZIP								•			
15 State Employer's state ID	number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, e	etc. 19	9 Local inco	me tax	20 Locality name		
WA 734-	L4-173	53274.83	2713.74		92765.39	1	5816.	5	Charles Lights		
TN 261-	LO-519	47561.9	3570.1		99148.04	1	7017.	7	Kelly Field		

Wage and Tax Statement 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		This information is being furnished to the Internal Revenue Service. If you are required						
STATEMENT	06	50-98-3535	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			
05-0434434				99082.42			10880.84			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Williams, Mejia and Johnson PLC				79541.39			6084.92			
50705 Daniel Burg				5 Medicare wages and tips			6 Medicare tax withheld			
South Blakemouth MD 27452-7574				91257.95			2646.48			
				7 Social security tips			8 Allocated tips			
				79541.39			91257.95			
d Control number				9 Advance EIC payment			10 Dependent care benefits			
7147895							262			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
Drew Jimenez			162			D 9157				
			13 Statu			12b				
58276 Amy Villages				emple	pyee plan sick pay		E	636		
				14 0	other (see enclosed Notice to Employ	ree)	12c			
Mitchellchester AZ 75507-4108								1		
			H				266			
							12d	ı		
							578			
f Employee's address and ZIP code										
15 State Employer's state ID	number	16 State wages, tips, etc.	17 State income tax	ncome tax 18 Local wages, tips, etc. 19 Local income tax		20 Locality name				
WA 734-	4-173	53274.83	2713.74		92765.39 1		.5816.5		Charles Lights	
TN 261-	.0-519	47561.9	3570.1		99148.04	17	017.7		Kelly Field	

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

