REISSUED	REISSUED a Employee's social security number				Safe, Accurate,				/isit the I	IRS Website	
STATEMENT	62	27-97-3961	OMB N	o. 1545-0	008 FAST! U	lse 📉	6~ II		at www.ir	s.gov/efile.	
b Employer identification number				1	Wages, tips, other com	pensation	2	Federal in	ncome tax	withheld	
02-6700242				245132.16				35199.18			
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld			
James, Harrell and Orozco Ltd				282399.16			2	21603.54			
9741 Brown Court				5 Medicare wages and tips				6 Medicare tax withheld			
Rachelburgh CA 41846-8409				197396.94				5724.51			
				7 Social security tips				8 Allocated tips			
				282399.16				197396.94			
d Control number				9 Advance EIC payment			10	10 Dependent care benefits			
5294590									299		
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12			
				109				5212			
Samantha Thompson				13 Statutory Retirement Third-party employee plan sick pay			12b	12b			
67038 White Mountain					employee plan sick pay			G 370			
Grantstad MD 53576-8451					14 Other (see enclosed Notice to Employee)			<u>'</u>			
								H :	914		
							12d	12d			
								D	838		
f Employee's address and ZIP code	Э							ı			
15 State Employer's state ID nur	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips	s, etc.	19 Local in	come tax		20 Locality name	
DC 699-48	-427	128150.52	6982.08	243103.56 41404.75			Amanda Squares				
WV 948-13	-997	131143.24	6067.61		308305.65	5	39027	.73		Lee Glen	

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.

RE	EISSUED	a Employee's soci	•		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if						
	ATEMENT	6:	27-97-3961	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.						
b Employe	er identification number				 Wages, tips, other compensation 			Federal income tax withheld			
02-6700242					245132.16			35199.18			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
James, Harrell and Orozco Ltd					282399.16			21603.54			
9741 Brown Court				5 Medicare wages and tips			6 Medicare tax withheld				
Rachelburgh CA 41846-8409					197396.94	5724.51					
				7	Social security tips	8 Allocated tips					
					282399.16	197396.94					
d Control	d Control number				9 Advance EIC payment			10 Dependent care benefits			
5	5294590								299		
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Samantha Thompson				109			5212				
	Samantha Thompson				13 Statutory Retirement Third-party employee plan sick pay			12b	1		
67038 White Mountain							370				
G	Grantstad MD 53576-8451				14 Other (see enclosed Notice to Employee)			12c			
				1			H	н 914			
							12d	1			
								D	838		
	e's address and ZIP cod		T	T		T				T	
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local income ta	x	20 Locality name	
DC	699-48	3-427	128150.52	6982.08		243103.56	41	404.75		Amanda Squares	
WV	948-13	3-997	131143.24	6067.61		308305.65	39	027.73		Lee Glen	

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

