REISSUED a E	mployee's social security number		Safe, Accurate, Visit the					
STATEMENT	372-25-7786	OMB N	o. 1545-000	08 FAST! Use	e file	at www.irs.gov/efile.		
b Employer identification number				ages, tips, other compensation	2 Feder	2 Federal income tax withheld		
42-9604880				51684.46	1875	18757.04		
c Employer's name, address, and ZIP code				ocial security wages	4 Social	4 Social security tax withheld		
Brown-Gallagher Group				65206.94	4988	4988.33		
373 Hoffman Rue Suite 292				edicare wages and tips	6 Medic			
Curtismouth DE 73803-4411				45747.67		1326.68		
Curtismouth DE /3803-4411				ocial security tips	8 Alloca	8 Allocated tips		
				65206.94	10 Deper	45747.67		
d Control number				dvance EIC payment	ndent care benefits			
5144802						211		
e Employee's first name and initial Last name				onqualified plans	nstructions for box 12			
				255	н	н 4232		
Taylor Hernandez			13 Statuto employ		/ 12b	1		
891 Burns Courts				yee plan sick pay		461		
East Aaron	TN 68871-61	145	14 Ot	ther (see enclosed Notice to Emplo	oyee) 12c	_		
						113		
					12d			
						450		
f Employee's address and ZIP code						150		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Local income ta	ax 20 Locality name		
NV 023-19-2	26084.16	1629.09		39168.09	8365.34	Roberts Walks		
FL 616-68-9	71 23719.5	1387.07		46533.39	8220.9	Brenda Ways		

Wage and Tax Statement

Form W-2

5070

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.

REISSUED	a Employee's soci	al security number							rice. If you are required	
STATEMENT	3.	72-25-7786	OME	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				1 V	1 Wages, tips, other compensation			2 Federal income tax withheld		
42-9604880					51684.46			18757.04		
c Employer's name, address, and ZIP code				3 8	3 Social security wages			4 Social security tax withheld		
Brown-Gallagher Group					65206.94			4988.33		
373 Hoffman Rue Suite 292				5 N	ger and apr			6 Medicare tax withheld		
G					45747.67			1326.68		
Curtismouth DE 73803-4411					7 Social security tips			8 Allocated tips		
					65206.94			45747.67		
d Control number				9 A	9 Advance EIC payment			10 Dependent care benefits		
5144802					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			211		
e Employee's first name and initial Last name			11 N	11 Nonqualified plans			12a See instructions for box 12			
_ , _ ,					255			н 4232		
Taylor Hernandez				13 Statu		Third-party	12b	ì		
891 Burns Courts				empi	employee plan sick pay			461		
East Aaron TN 68871-6145				14 (14 Other (see enclosed Notice to Employee)			1		
Last Hait		00071 019	70071 0143					113		
							12d			
								450		
f Employee's address and ZIP of									_	
15 State Employer's state ID		16 State wages, tips, etc.	17 State income to	tax	18 Local wages, tips,		19 Local income	tax	20 Locality name	
NV 023-1	9-212	26084.16	1629.09		39168.09		8365.34		Roberts Walks	
FL 616-6	8-971	23719.5	1387.07		46533.39		8220.9		Brenda Ways	

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

