| R | REISSUED a Employee's social security number | | | Safe, Accurate, No. 1545-0008 FASTI Use Visit the IRS Website at www.irs.gov/efile | | | | | | te | | |
|---|--|------|----------------------------|--|--|--|-----|----------|---------------------------------|----------|--------------|----------|
| ST | FATEMENT | 78 | 32-02-7297 | OMB N | o. 1545-0 | 008 FAST! | Use | G | ظالا | at www.i | rs.gov/efile | - |
| b Employer identification number | | | | | 1 | 1 Wages, tips, other compensation | | | Federal income tax withheld | | | |
| 59-5837443 | | | | | 91488.23 | | | | 25311.35 | | | |
| c Employer's name, address, and ZIP code | | | | | 3 Social security wages | | | 4 | 4 Social security tax withheld | | | |
| Rosario-Williams Group | | | | | 91495.15 | | | | 6999.38 | | | |
| 7628 Harper Course Apt. 195 | | | | | 5 Medicare wages and tips | | | | 6 Medicare tax withheld | | | |
| | | | | | 79570.45 | | | | 2307.54 | | | |
| North Wendy VT 90178-4215 | | | | | 7 Social security tips | | | 8 | 8 Allocated tips | | | |
| | | | | | 91495.15 | | | | 79570.45 | | | |
| d Contro | ol number | | | | 9 Advance EIC payment | | | 10 | 10 Dependent care benefits | | | |
| | 7590000 | | | | | | | | 204 | | | |
| e Employee's first name and initial Last name | | | | | 11 Nonqualified plans | | | 12 | 12a See instructions for box 12 | | | |
| Heather Mcknight 5241 John Parkways | | | | | 223 | | | | н 8497 | | | |
| | | | | | 13 Statutory Retirement Third-party employee plan sick pay | | | 12 | b | | | |
| | | | | | | | | | 169 | | | |
| South Kayla NY 24870-4058 | | | | | | 14 Other (see enclosed Notice to Employee) | | | | 1 | | |
| | | | | | | | | | 299 | | | |
| | | | | | | | | | 12d | | | |
| | | | | | | | | | D | 346 | | |
| | yee's address and ZIP cod | | | 1 | | | | | | | | |
| 15 State | Employer's state ID nu | | 16 State wages, tips, etc. | 17 State income tax | | 3, , , , , , | | | 19 Local income tax | | 20 Locality | |
| ID | 698-28 | -129 | 48442.23 | 4776.0 | | 92558.17 9 | | 9229 | 9229.28 | | Robin | Burg |
| LA | 738-59 | -605 | 49978.66 | 4634.6 | | 84394.67 | • | 1166 | 2.52 | | Wagner | Road |

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 social security number | | | | This information is being furnished to the Internal Revenue Service. If you are required | | | | | | | | |
|--|---|------|----------------------------|--|---|-----------------------------------|---------------------------------|--------------------------------|---------------------------------|------------------|--|--|
| S | TATEMENT | 7 | 82-02-7297 | 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 | | | Federal income tax withheld | | | |
| 59-5837443 | | | | | 91488.23 | | | 25311.35 | | | | |
| c Employer's name, address, and ZIP code | | | | | 3 Social security wages | | | 4 Social security tax withheld | | | | |
| Rosario-Williams Group 7628 Harper Course Apt. 195 North Wendy VT 90178-4215 | | | | | 91495.15 | | | 6999.38 | | | | |
| | | | | | 5 | Medicare wages and tips | 6 Medicare tax withheld 2307.54 | | | | | |
| | | | | | | 79570.45 | | | | | | |
| | | | | | 7 | Social security tips | 8 Allocated tips | | | | | |
| | | | | | 91495.15 | | | 79570.45 | | | | |
| d Contro | d Control number | | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | |
| | 7590000 | | | | | | | | 204 | | | |
| e Emplo | e Employee's first name and initial Last name | | | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | |
| | | | | | 223 | | | н 8497 | | | | |
| | Heather Mcknight | | | | 13 Sta | | | 12b | | | | |
| 5241 John Parkways South Kayla NY 24870-4058 | | | | | employee plan sick pay 14 Other (see enclosed Notice to Employee) | | | | 169 | | | |
| | | | | | | | | | | | | |
| | | | | | | | | 12c | | | | |
| | | | | | | | | 299 | | | | |
| | | | | | | | | 12d | i | | | |
| | | | | | | | | | 346 | | | |
| f Employee's address and ZIP code | | | | | | | | | Į | | | |
| 15 State | Employer's state ID nu | mber | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips, etc. 19 | | Local income tax | | 20 Locality name | | |
| ID | 698-28 | -129 | 48442.23 | 4776.0 | | 92558.17 9 | | 229.28 | | Robin Burg | | |
| LA | 738-59 | -605 | 49978.66 | 4634.6 | 84394.67 1 | | 11 | .662.52 | Wagner Road | | | |

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

