| REISSUED a Employee's social | • | | | Safe, Acc | curate, | 0 .6 | | Visit the I | RS Website | | |
|---|----------------------------|---------------------|--|-------------------------|-----------|--------------------------------|----------------------------|------------------|------------------|--|--|
| STATEMENT 86 | 2-09-2967 | OMB N | o. 1545-0 | 008 FAST! U | se | 6~ III | | at www.ir | s.gov/efile. | | |
| b Employer identification number | | | 1 \ | Wages, tips, other comp | ensation | 2 | Federal in | ncome tax | withheld | | |
| 22-0327081 | | | | 214697.98 | | | 33662.38 | | | | |
| c Employer's name, address, and ZIP code | | | | Social security wages | 4 | 4 Social security tax withheld | | | | | |
| Farley-Fisher Group | | | | 227817.27 | | | 17428.02 | | | | |
| 9764 Wallace Green Apt. 414 Erikahaven WA 13421-7707 | | | 5 Medicare wages and tips | | | 6 | | | | | |
| | | | 155683.01 | | | | 4514.81 | | | | |
| Elikanaven wa 13421-7707 | | | | 7 Social security tips | | | | 8 Allocated tips | | | |
| | 227817.27 | | | | 155683.01 | | | | | | |
| d Control number | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | |
| 5868591 | | | | | | | 211 | | | | |
| e Employee's first name and initial Last name | | • | 11 1 | Nonqualified plans | | 12a | See inst | ructions fo | or box 12 | | |
| | | | 161 | | | | P 9831 | | | | |
| Danielle Cooper | | | 13 Statutory Retirement Third-party employee plan sick pay | | | 12b | 1 | | | | |
| 567 Mooney Knoll Apt. 524 | | | | x sick pay | | | P 466 | | | | |
| Lake Nicole DC 22157-1523 | | | 14 Other (see enclosed Notice to Employee) | | | ee) 12c | | | | | |
| Tane Nicole Bo Ello, 1919 | | | | | | | : | 356 | | | |
| | | | | | | 12d | 1 | | | | |
| | | | | | | | P | 693 | | | |
| f Employee's address and ZIP code | | | | | | | · · | | | | |
| 15 State Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | • | 18 Local wages, tips, | etc. | 19 Local inc | come tax | | 20 Locality name | | |
| IA 752-06-114 | 98827.24 | 6972.98 | 211419.62 33616.91 | | | Green Motorway | | | | | |
| ND 380-63-860 | 107332.3 | 6484.72 | | 211882.45 | | 32279 | . 02 | | Emily Route | | |

Wage and Tax Statement

Form W-2

5010

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.

| R | EISSUED | a Employee's socia | al security number | | This information is being furnished to the Internal Revenue Service. If you are required | | | | | | |
|---|---------------------------|--------------------|---|--|---|---|--------------------------------|------------------|--|------------------|--|
| ST | ATEMENT | 86 | 52-09-2967 | 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 | | | | | |
| 22-0327081 | | | | 214697.98 | | | 33662.38 | | | | |
| c Employer's name, address, and ZIP code | | | | 3 Social security wages | | | 4 Social security tax withheld | | | | |
| Farley-Fisher Group | | | | 227817.27 | | | 17428.02 | | | | |
| 9764 Wallace Green Apt. 414 Erikahaven WA 13421-7707 | | | 5 N | ledicare wages and tips | | 6 Medicare tax withheld | | | | | |
| | | | | 155683.01 | | 4514.81 | | | | | |
| | | | 7 Social security tips | | | 8 Allocated tips | | | | | |
| | | | | | 227817.27 | | 155683.01 | | | | |
| d Control number | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | | |
| 5868591 | | | | | | | 211 | | | | |
| e Employee's first name and initial Last name | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | | |
| Danielle Cooper 567 Mooney Knoll Apt. 524 | | | 161 13 Statutory Retirement Third-party | | | P 9831 | | | | | |
| | | | emple | | | | 466 | | | | |
| | Lake Nicole DC 22157-1523 | | | 14 Other (see enclosed Notice to Employee) | | | 12c | | | | |
| Lake Nicole DC 22157-1523 | | | | | | 356 | | | | | |
| | | | | | ļ | | | 12d | | | |
| | | | | | | | Р 693 | | | | |
| | ee's address and ZIP coo | | | 1 | | | | | | 1 | |
| 15 State | Employer's state ID nu | | 16 State wages, tips, etc. | 17 State income tax | | 3.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | Local income tax | | 20 Locality name | |
| IA | 752-06 | 5-114 | 98827.24 | 6972.98 | | 211419.62 3 | | 33616.91 | | Green Motorway | |
| ND | 380-63 | 3-860 | 107332.3 | 6484.72 | | 211882.45 | 322 | 279.02 | | Emily Route | |

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

