REISSUED	a Employee's socia	al security number			Sa	fe, Accurate,	19 1 /	HI	Visit the	IRS Website		
STATEMENT	68	35-17-4990	OMB N	No. 1545-00	008 <b>FA</b>	ST! Use	SE 1	IIIE	at www.i	rs.gov/efile.		
b Employer identification number				1 \	1 Wages, tips, other compensation			2 Federal income tax withheld				
75-4738252					57784.26			8551.39				
c Employer's name, address, and ZIP code				3 5	3 Social security wages				4 Social security tax withheld			
Hernandez Inc PLC					46436.36			3552.38				
7769 Julie Road Tinaton NE 23828-7820				5 1	5 Medicare wages and tips				6 Medicare tax withheld			
					69552.29				2017.02			
				7 Social security tips				8 Allocated tips				
					46436.36			69552.29				
d Control number				9 /	9 Advance EIC payment			10 Dependent care benefits				
4251019								229				
e Employee's first name and initial Last name			11 1	11 Nonqualified plans			12a See instructions for box 12					
				285			D 5266					
Stephanie Hernandez				13 Statutory Retirement Third-party employee plan sick pay			12	2b	1			
1264 Sierra Center Apt. 561					x			G	822			
Lake Marcusport HI 96855-9873					Other (see enclo	osed Notice to Employ	yee) 12	2c	İ			
							E	300				
							12d					
									622			
f Employee's address and ZIF		_	1		T					1		
15 State Employer's state I		16 State wages, tips, etc.	17 State income tax		18 Local wag			_ocal income tax		20 Locality na	ame	
HI 090-	46-405	30759.59	1825.83		65267.	31	1099	99.43		Michael Pr	airie	
NJ 675-	04-169	28799.56	1746.69		58928.43 75		7555	555.94		Melody St	treet	

Wage and Tax

Form W-2 Statement

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.

	SSUED a Employee's soci	al security number 85-17-4990	OMB No	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							
	STATEMENT 685-17-4990 OMB N  b Employer identification number			this income is taxable and you fail to  1 Wages, tips, other compensation			to report it.  2 Federal income tax withheld				
75-4738252				57784.26			8551.39				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Hernandez Inc PLC				46436.36			3552.38				
7769 Julie Road				5 Medicare wages and tips			6 Medicare tax withheld				
Ψi	Tinaton NE 23828-7820				69552.29			2017.02			
TINACON NE 25020-7020				7 Social security tips			8 Allocated tips				
					46436.36			69552.29			
	d Control number				9 Advance EIC payment			10 Dependent care benefits			
	4251019				11 Nonqualified plans			229			
e Employee's first name and initial Last name											
Stephanie Hernandez				285  13 Statutory Retirement Third-party employee plan sick pay			D 5266				
										1264 Sierra Center Apt. 561	
Lake Marcusport HI 96855-9873				14 Other (see enclosed Notice to Employee)			12c				
	Hake Marcusport III 30033 3073						E	300			
							12d				
						622					
f Employee's address and ZIP code  15 State				40	40	ocal income tax		20			
15 State I	090-46-405	16 State wages, tips, etc. 30759.59	1825.83		18 Local wages, tips, etc. <b>65267.31</b>				20 Locality name		
uT	090-46-405	30/39.39	1023.83		05201.31	TO	999.43		Michael Prairie		
NJ	675-04-169	28799.56	1746.69		58928.43	75	55.94		Melody Street		

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

