REISS	REISSUED a Employee's social security number				Safe, Accurate,					Visit the IRS Website				
STATE	MENT	50	6-06-9235	OMB N	lo. 1545-0	8000	FAST! Use			le	at www.i	rs.gov/efile.		
b Employer identification number					1	1 Wages, tips, other compensation				2 Federal income tax withheld				
55-3328416						213580.05				75000.08				
c Employer's na	c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Soto-Jackson PLC						229220.29				17535.35				
13337 Jennifer Glens					5 Medicare wages and tips				6					
Christopherburgh ME 41467-7093					184567.83					5352.47				
					7 Social security tips				8	8 Allocated tips				
					229220.29					184567.83				
d Control number					9 Advance EIC payment				10					
8435194											205			
e Employee's first name and initial Last name					11 Nonqualified plans			12a	12a See instructions for box 12					
					297					G 4695				
Caroline Roberts					13 Statutory Retirement Third-party employee plan sick pay				12b					
5334 Luis Haven Suite 361					X		plan	x sick pay		P	130			
West Rachel ND 35561-3845						14 Other (see enclosed Notice to Employee)					ı			
										G	241			
									12d	12d				
											634			
	ddress and ZIP code		La o	Tue ou i		1.0.1						Las I III		
	ployer's state ID nu		16 State wages, tips, etc.	17 State income tax			l wages, tips, e		9 Local in		(20 Locality name		
DC	722-46	-860	111062.57	10516.93		2125	02.27	4	10151	. 95		Danielle Mews		
RI	014-75	-352	102788.32	6954.06		2219	13.86	2	25701	.56		Sarah Vista		

Wage and Tax Statement 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.

RI	This information is being furnished to the Internal Revenue Service. If you are re											
	ATEMENT	50	06-06-9235	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 Employe	b Employer identification number					Vages, tips, other compensation		2 Federal income tax withheld				
55-3328416						213580.05		75000.08				
c Employe	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Soto-Jackson PLC						229220.29		17535.35				
13337 Jennifer Glens					5 N	ledicare wages and tips	•	6 Medicare tax withheld				
						184567.83		5352.47 8 Allocated tips				
	Christopherburgh ME 41467-7093					ocial security tips						
						229220.29		184567.83				
d Control	d Control number					9 Advance EIC payment			10 Dependent care benefits			
8	8435194								205			
e Employe	e Employee's first name and initial Last name				11 N	lonqualified plans	1:	12a See instructions for box 12				
Caroline Roberts					297		G 4695					
	Caroline Roberts				13 Statu emple		1:	2b	1			
5	5334 Luis Haven Suite 361					x x		P	130			
West Rachel ND 35561-3845					14 (Other (see enclosed Notice to Employe	ee) 1:	12c				
								G	241			
							1:	12d				
								634				
f Employee's address and ZIP code										T		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		5, 1.,		9 Local income tax		20 Locality name		
DC	722-46	-860	111062.57	10516.93		212502.27		40151.95		Danielle Mews		
RI	014-75	-352	102788.32	6954.06		221913.86	2570	01.56		Sarah Vista		

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

