| REISSUED a Emp | ployee's social security number | | Safe, Accurate, | | | | | Visit the I | RS Webs | ite | |
|--|---------------------------------|---------------------|--|---------------------------|------------|-------------|--------------------------------|-------------|-------------|-------|--|
| STATEMENT | 435-51-0445 | OMB N | o. 1545-00 | 908 FAST! Use | | | e | at www.ir | s.gov/efile |). | |
| b Employer identification number | | | 1 V | Vages, tips, other compen | sation | 2 | Federal | income tax | withheld | | |
| 33-3888552 | | | 133763.21 | | | | 43646.31 | | | | |
| c Employer's name, address, and ZIP code | 9 | | 3 Social security wages | | | 4 | 4 Social security tax withheld | | | | |
| Cook-Rivera Group | | | 125823.14 | | | 9 | 9625.47 | | | | |
| 2671 Stuart River | | | 5 Medicare wages and tips | | | 6 | | | | | |
| | | | 139953.31 | | | | 4058.65 | | | | |
| South Christopher AR 40135-1496 | | | 7 Social security tips | | | 8 | 8 Allocated tips | | | | |
| | | | | 125823.14 | | | 139953.31 | | | | |
| d Control number | | | 9 Advance EIC payment 10 Dependent care benefits | | | | nefits | | | | |
| 2718136 | | | | | | | | 130 | | | |
| e Employee's first name and initial Last name | | | 11 Nonqualified plans 12a See inst | | | | tructions for box 12 | | | | |
| Ernest White | | | 170 | | | 1859 | | | | | |
| | | | 13 Statutory Retirement Third-party employee plan sick pay | | | 12b | | | | | |
| 95873 Garcia Meadows Apt. 068 | | | empi | pyee plan | x sick pay | | E | 786 | | | |
| Jessicafort VT 15173-7215 | | | 14 Other (see enclosed Notice to Employee) | | |) 12c | | | | | |
| | | | | | | | н | 687 | | | |
| | | | | | | 12d | | | | | |
| | | | | | | | _ | -04 | | | |
| | | | | | | | E | 534 | | | |
| 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, et | - 14 | 9 Local inc | | | 20 Locality | | |
| , ,,, , , , , , , , , , , , , , , , , , | 3 | | | | | | | | | | |
| AL 793-48-00 | 5 69251.11 | 5925.64 | | 95874.27 | 1 | 7396 | . 19 | | Wolfe | Forge | |
| sc 286-90-87 | 2 67582.34 | 4710.25 | | 105079.37 | 2 | 3499 | .59 | | Roger | Oval | |

Wage and Tax

5070 **Statement** Form W-2 Copy B--To Be Filed with Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service.

Department of the Treasury--Internal Revenue Service

Cut here. Keep lower portion for your records.

| REISSUED | a Employee's so | ocial security number | | This information is being furnished to the Internal Revenue Service. If you are required | | | | | | | |
|---|-----------------|----------------------------|-----------------------|--|----------------------------|---------------------------------|--------------------------------|-----|-------------|--------|--|
| STATEMENT | • | 435-51-0445 | OMB N | MB 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 n | umber | | | 1 Wages, tips, other compensation | | | 2 Federal income tax withheld | | | | |
| 33-3888552 | | | | 133763.21 | | | 43646.31 | | | | |
| c Employer's name, address, and ZIP code | | | | 3 Social security wages | | | 4 Social security tax withheld | | | | |
| Cook-Rivera Group | | | | 125823.14 | | | 9625.47 | | | | |
| 2671 Stuart River South Christopher AR 40135-1496 | | | | 5 1 | Medicare wages and tips | | 6 Medicare tax withheld | | | | |
| | | | | 139953.31 | | | 4058.65 | | | | |
| | | | | 7 Social security tips | | | 8 Allocated tips | | | | |
| | | | | 125823.14 | | | 139953.31 | | | | |
| d Control number | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | |
| 2718136 | | | | | | | 130 | | | | |
| e Employee's first name and initial Last name | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | | |
| Ernest White | | | 170 | | | 1859 | | | | | |
| | | | 13 Statu | | | 12b | | | | | |
| 95873 Garcia Meadows Apt. 068 | | | emp | oyee plan sick pay | | E | 786 | | | | |
| 33073 Galcia Meadows Apt. 000 | | | 14 (| Other (see enclosed Notice to Employ | 200 | 12c | 700 | | | | |
| Jessicafort VT 15173-7215 | | | 14 (| other (see enclosed Notice to Employ | ee) | 120 | 1 | | | | |
| | | | | | | Н 687 | | | | | |
| | | | | | | | 12d | 1 | | | |
| | | | | | | | E | 534 | | | |
| f Employee's address and | ZIP code | | | | | | | ı | | | |
| 15 State Employer's sta | ite ID number | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips, etc. | 19 L | ocal income tax | | 20 Locality | name / | |
| AL 79 | 3-48-005 | 69251.11 | 5925.64 | | 95874.27 | 17: | 396.19 | | Wolfe | Forge | |
| SC 28 | 5-90-872 | 67582.34 | 4710.25 | | 105079.37 | 234 | 499.59 | | Roger | Oval | |

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

