| RE | ISSUED | a Employee's socia | I security number | | | | Safe, Accu | ırate, | | | Visit the | IRS Website | | | |
|---|------------------------|--------------------|----------------------------|---------------------|------------|--|----------------|--------|--------------|----------|---------------------------------|------------------|--|--|--|
| STA | TEMENT | 42 | 2-68-5844 | OMB I | No. 1545-0 | 800 | FAST! Us | e | e ≁fi | 16 | at www.i | rs.gov/efile. | | | |
| b Employer identification number | | | | | | 1 Wages, tips, other compensation | | | | | Federal income tax withheld | | | | |
| 12-7386998 | | | | | | 218650.4 | | | | | 79224.33 | | | | |
| c Employer's name, address, and ZIP code | | | | | | 3 Social security wages | | | | | 4 Social security tax withheld | | | | |
| Nielsen LLC and Sons | | | | | | 165916.29 | | | | | 12692.6 | | | | |
| 8721 Jones Islands | | | | | | 5 Medicare wages and tips | | | | | 6 Medicare tax withheld | | | | |
| North James CA 09045-2198 | | | | | 177475.32 | | | | | 5146.78 | | | | | |
| North James CA 09045-2198 | | | | | | 7 Social security tips | | | | | 8 Allocated tips | | | | |
| | | | | | | 165916.29 | | | | | 177475.32 | | | | |
| d Control number | | | | | | 9 Advance EIC payment | | | | | 10 Dependent care benefits | | | | |
| 34 | 119839 | | | | | | | | | | 191 | | | | |
| e Employee's first name and initial Last name | | | | | | 11 Nonqualified plans | | | | | 12a See instructions for box 12 | | | | |
| Darlene Garner 047 Jackson Expressway Apt. 027 South Hannah NJ 95560-4883 | | | | | | 189 | | | | | E 7703 | | | | |
| | | | | | | 13 Statutory Retirement Third-party employee X X X The National Statutory Plan Sick pay 14 Other (see enclosed Notice to Employee) | | | | | 1 | | | | |
| | | | | | | | | | | | 813 | | | | |
| | | | | | | | | | | | 1 | | | | |
| Journal No Joseph 1995 | | | | | | | | | | | 118 | | | | |
| | | | | | | 1 | | | | 12d | | | | | |
| | | | | | | | | | | P | 424 | | | | |
| f Employee | 's address and ZIP cod | e | | | | | | | | | | | | | |
| 1 7 7 7 7 | Employer's state ID nu | | 16 State wages, tips, etc. | 17 State income tax | (| 18 Loca | wages, tips, e | etc. 1 | 19 Local in | come tax | | 20 Locality name | | | |
| ОН | 190-67 | -069 | 99396.48 | 12992.08 | | 1584 | 28.99 |]: | 38130 | . 34 | | Johnson Fall | | | |
| DC | 882-76 | -047 | 100241.92 | 12781.37 | | 1661 | 86.99 | | 41986 | . 0 | | Bryan Light | | | |
| | | - · · | | , | | | | | | | | | | | |

Wage and Tax
Form W-2 Statement

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.

| REISSU | JED a | Employee's socia | I security number | | This information is being furnished to the Internal Revenue Service. If you are required | | | | | | | | | | |
|---|---------------------|------------------|----------------------------|---------------------|---|--|-----------------------------------|--|-----|---------------------------------|----------|--------------------------------|------------------|--|--|
| STATEM | IENT | 42 | 2-68-5844 | 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 | | | | | | | 1 Wages, tips, other compensation | | | | | 2 Federal income tax withheld | | | |
| 12-7386998 | | | | | | | 218650.4 | | | | 79224.33 | | | | |
| c Employer's name, address, and ZIP code | | | | | | | 3 Social security wages | | | | | 4 Social security tax withheld | | | |
| Nielsen LLC and Sons | | | | | | | 165916.29 | | | | 12692.6 | | | | |
| 8721 Jones Islands North James CA 09045-2198 | | | | | | 5 Medicare wages and tips | | | | 6 Medicare tax withheld | | | | | |
| | | | | | | 177475.32 | | | | 5146.78 | | | | | |
| | | | | | | 7 Social security tips | | | | 8 Allocated tips | | | | | |
| | | | | | | 165916.29 | | | | 177475.32 | | | | | |
| d Control number | | | | | | 9 Advance EIC payment | | | | 10 Dependent care benefits | | | | | |
| 3419839 | | | | | | | | | | | 191 | | | | |
| e Employee's first name and initial Last name | | | | | | 11 Nonqualified plans | | | | 12a See instructions for box 12 | | | | | |
| Darlene Garner 047 Jackson Expressway Apt. 027 South Hannah NJ 95560-4883 | | | | | | 189 | | | | | E 7703 | | | | |
| | | | | | | 13 Statutory Retirement Third-party | | | | | 12b | | | | |
| | | | | | | mployee plan sick pay X 14 Other (see enclosed Notice to Employee) | | | | | G | 813 | | | |
| | | | | | | | | | | 12c | | | | | |
| | | | | | | | | | | | | 1 | | | |
| | | | | | | | | | | | P 118 | | | | |
| | | | | | | | | | | 12d | | ı | | | |
| | | | | | | | | | | | P | 424 | | | |
| f Employee's address and ZIP code | | | | | | | | | | | | | • | | |
| 1 . | yer's state ID numl | | 16 State wages, tips, etc. | 17 State income tax | | 10 | | | | 9 Local income tax | | | 20 Locality name | | |
| ОН | 190-67- | 069 | 99396.48 | 12992.08 | | 158428.99 38 | | | 38: | 8130.34 | | | Johnson Fall | | |
| DC | 882-76- | 047 | 100241.92 | 12781.37 | | 1661 | 86.99 | | 41 | 986 | . 0 | | Bryan Light | | |

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

