REISSUED	ISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Website					IRS Website		
STATEMENT	19	93-03-3613	OMB N	o. 1545-0	008 <b>FAS</b>	T! Use	5	1	E	at www.i	rs.gov/efile.
<b>b</b> Employer identification number				1	1 Wages, tips, other compensation			2 Federal income tax withheld			
43-0172391				147565.46				36184.09			
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld			
Chavez, Rodriguez and Thompson PLC				141174.57				10799.85			
172 Joshua Drive				5 Medicare wages and tips				6 Medicare tax withheld			
Aguirreshire CA 02736-7035				179907.5				5217.32			
				7 Social security tips				8 Allocated tips			
				141174.57				179907.5			
d Control number				9 Advance EIC payment				10 Dependent care benefits			
8705193								192			
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12			
3				280				D 5790			
Annette	Harrell	•		13 Stat	utory Retiren	nent Third-party sick pay		12b	1		
71835 Rebecca Squares				Citie	X	X				393	
Ruizboro	ough OH	41119-8934		14	Other (see enclose	ed Notice to Employ	yee)	12c	ı		
									G	108	
			12d								
									E	163	
f Employee's address and Z	P code						-				
15 State Employer's state		16 State wages, tips, etc.	17 State income tax	!	18 Local wages	s, tips, etc.	19 L	ocal inco	me tax		20 Locality name
PA 157	-34-091	73099.52	5707.28		177674.22 1		17	7673.87			Peck Passage
HI 114	114-74-959 75023.77 5140.63		114997.9 2		28	28105.02			Stacey Flats		

Wage and Tax Statement

Form W-2

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.

REIS	SSUED	a Employee's socia	l security number		This information is being furnished to the Internal Revenue Service. If you are required						
STAT	EMENT	19	3-03-3613	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			Federal income tax withheld				
43-0172391					147565.46			36184.09			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Chavez, Rodriguez and Thompson PLC					141174.57			10799.85			
172 Joshua Drive				5 Medicare wages and tips			6 Medicare tax withheld				
						179907.5	5217.32				
Aguirreshire CA 02736-7035				7 Social security tips			8 Allocated tips				
					141174.57			179907.5			
d Control number					9 Advance EIC payment			10 Dependent care benefits			
8705193								192			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
					280			D 5790			
Annette Harrell				13 Statutory Retirement Third-party			12b				
71835 Rebecca Squares					emp	oyee plan sick pay			393		
_					14 (	Other (see enclosed Notice to Employ	ree)	12c			
Ruizborough OH 41119-8934						sale. (Geo eliciosea i touce le Eliipie)	00)				
							G  108				
							12d	i			
								E	163		
f Employee's address and ZIP code									•		
15 State E	mployer's state ID no	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	ocal income tax		20 Locality name	
PA	157-34	1-091	73099.52	5707.28		177674.22	17	673.87		Peck Passage	
ні	114-74	1-959	75023.77	5140.63		114997.9	28	105.02		Stacey Flats	

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

