R	REISSUED	a Employee's socia	al security number				Safe, Accu	rate,	0 .6		Visit the	IRS Websi	te	
ST	<b>FATEMENT</b>	65	58-55-3410	OMB N	o. 1545-0	8000	FAST! Us	e	e~f	16	at www.i	rs.gov/efile	<b>-</b>	
b Employer identification number					1 Wages, tips, other compensation				2	Federal income tax withheld				
91-5529266					248848.78				4	45938.66				
c Emplo	yer's name, address, and 2	ZIP code			3 Social security wages				4	4 Social security tax withheld				
Parsons, Farmer and Sanchez Inc					270801.83				2	20716.34				
47618 Vance Union Suite 184					5 Medicare wages and tips				6					
Pattersonchester VT 87795-4935				233514.26					6771.91					
,	ractersonchester vi 07795-4955					7 Social security tips				8 Allocated tips				
					270801.83					233514.26				
d Control number					9 Advance EIC payment				10	10 Dependent care benefits				
8462219											137			
e Employee's first name and initial Last name					11 Nonqualified plans				12a	12a See instructions for box 12				
Bandamin Gammaka						152				н 3128				
Benjamin Cervantes					13 Statutory Retirement Third-party employee plan sick pay				12b		ı			
921 Nathan Forge				X X					H	H 621				
	West Anita	AR	90114-7778		14	Other (see e	nclosed Notic	e to Employe	ee) 12c		I			
									H	411				
										12d				
										P	205			
f Emplo	yee's address and ZIP cod	e												
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local	wages, tips, e	tc.	19 Local in	come tax		20 Locality	name	
LA	399-31	-560	117604.12	13131.54		239628.27 3		36492	6492.98		Gabriel	Knolls		
MD	682-13	-057	128278.62	14839.04		1879	52.8		29347	.96		Powell	Pike	

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.

F	REISSUED	Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required								
_	TATEMENT	65	58-55-3410	OMB No	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>b</b> Emplo	b Employer identification number					Wages, tips, other compensation				Federal income tax withheld			
91-5529266					248848.78				45938.66				
<b>c</b> Emplo	c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Parsons, Farmer and Sanchez Inc 47618 Vance Union Suite 184					270801.83				20716.34				
					5 Medicare wages and tips				6 Medicare tax withheld				
	17020 10000 00000 000					233514.26				6771.91			
Pattersonchester VT 87795-4935					7 Social security tips				8 Allocated tips				
		270801.83				233514.26							
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits				
	8462219									137			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12			
					152				н 3128				
	Benjamin Cervantes 921 Nathan Forge					13 Statutory Retirement Third-party employee plan sick pay  X							
										621			
	West Anita AR 90114-7778				14 Other (see enclosed Notice to Employee)								
									H 411				
								12d	<u>_</u>				
									P :	205			
f Emplo	yee's address and ZIP code												
15 State	Employer's state ID num	ber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local inco	me tax		20 Locality name		
LA	399-31-	560	117604.12	13131.54		239628.27 30		6492.98			Gabriel Knolls		
MD	682-13-	.057	128278.62	14839.04	187952.8		29	29347.96			Powell Pike		

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

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