REISSUED a E	imployee's social security number			Safe, Acc	urate,	A SHO	Visit the IRS	Vebsite			
STATEMENT	787-97-3048	8 0	OMB No. 1545-00	008 FAST! Us	e		at www.irs.go	v/efile.			
b Employer identification number			1 \	1 Wages, tips, other compensation			2 Federal income tax withheld				
59-7294256				165155.46		44059.91					
c Employer's name, address, and ZIP co	ode		3 5	Social security wages		4 Social security tax withheld					
Wade, Parks and Chambers PLC				206950.92		15831.75					
79902 Kristina Expressway Suite 518				Medicare wages and tips		6 Medicare tax withheld 3768.95					
Ponceberg KS 07412-2234			7 5	Social security tips		8 Allocated tips					
				206950.92			129963.87				
d Control number			9 /	9 Advance EIC payment 10 Dependent care benefits							
5101740				134							
e Employee's first name and initial Last name			11 1	11 Nonqualified plans			12a See instructions for box 12				
Katherine Cox				254			D 2430				
Natherine Cox			13 Statu empl		Third-party sick pay	12b	ı				
253 Francisco Row Apt. 299			X	X		D	678				
North Cole	14 (Other (see enclosed Not	ce to Employee)	12c	ı						
						E	740				
						12d	1				
						E	719				
f Employee's address and ZIP code	1	1		T		1					
15 State Employer's state ID number	<u> </u>	·		18 Local wages, tips,		Local income tax	-	ocality name			
OR 833-47-8	81 90434.71	8096.2	7	169505.9	20	0348.34	Ma	ry Canyon			
ку 895-71-6	76208.88	5590.08	8	178184.75	18	8108.7	Her	ring Circles			

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.

REISSU	a Employee's soc	ial security number		This information is being furnished to the Internal Revenue Service. If you are required									
STATEM	ENT 7	87-97-3048	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 Employer identification number			Wages, tips, other compensation				2 Federal income tax withheld						
59-7294256			165155.46					44059.91					
c Employer's name, address, and ZIP code			3 Social security wages				4 Social security tax withheld						
Wade, Parks and Chambers PLC			206950.92					15831.75					
79902 Kristina Expressway Suite 518 Ponceberg KS 07412-2234			5 Medicare wages and tips					6 Medicare tax withheld					
			129963.87					3768.95					
			7 Social security tips				8 Allocated tips						
			206950.92					129963.87					
d Control number			9 Advance EIC payment				10 Dependent care benefits						
5101740							134						
e Employee's first name and initial Last name			11 Nonqualified plans					12a See instructions for box 12					
Katherine Cox			254				D 2430						
			13 Statutory Retirement Third-party					12b					
253 Francisco Row Apt. 299			emp	7 -	X	sick pay			D	678			
_					nclosed Notic	o to Employ	200)	12c		070			
North Cole ID 95216-2162			14	Julei (See ei	iciosed Notic	e to Linploy	66)	120					
									E	740			
									12d		I		
										E	719		
f Employee's address and ZIP code										ı			
15 State Employe	r's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local v	vages, tips, e	tc.	19 Lc	ocal inc	ome tax		20 Loca	lity name
OR	833-47-881	90434.71	8096.27		169505.9		203	20348.34			Mary	Canyon	
KY	895-71-679	76208.88	5590.08	178184.75		181	8108.7			Herrin	g Circles		

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

