R	REISSUED	a Employee's socia	l security number			Sa	fe, Accurate,	20.0	JZ⊞		Visit the	IRS Website	
ST	TATEMENT	87	2-82-8582	OMB N	lo. 1545-	0008 FA	ST! Use	G	7 III	e	at www.i	rs.gov/efile.	
b Employer identification number					1	1 Wages, tips, other compensation			2 Federal income tax withheld				
39-1143329						224127.0			54472.62				
c Employer's name, address, and ZIP code					3	3 Social security wages			4 Social security tax withheld				
Williams, Mendoza and Collins Ltd					167144.09				12786.52				
92934 Hanson Flats Suite 234					5 Medicare wages and tips				6 Medicare tax withheld				
.	East Jacob MN 88735-0701					193665.27				5616.29			
						7 Social security tips				8 Allocated tips			
					167144.09				193665.27				
d Control number					9 Advance EIC payment 10 Dependent care benefits				enefits				
4266748									300				
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
	Alejandro Singleton					249			5222				
·						13 Statutory Retirement Third-party employee plan sick pay					i i		
186 Heath Drives Lake Amanda AL 33689-4880					X X					D 627			
					14 Other (see enclosed Notice to Employee)				12c				
										P	985		
										12d			
										Н	443		
f Employee's address and ZIP code													
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wag			_ocal inco			20 Locality name	
NH	554-05	-816	104307.45	4833.3		184294.05		38	8788.34			Hernandez Plaza	
UT	294-89	-166	105526.56	3479.89		253240.36 3		36	36436.42			Johnson Inlet	

Wage and Tax

Form W-2 Statement

5010

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.

	REISSUED	a Employee's soci	•		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if							
	STATEMENT 672 62 6362				No. 1545-0008 this income is taxable and you fail to report it.							
b Emplo	yer identification number				1	Wages, tips, other compensation		Federal income tax withheld				
39-1143329						224127.0			54472.62			
c Emplo	yer's name, address, and	3 Social security wages			4 Social security tax withheld							
Williams, Mendoza and Collins Ltd					167144.09			12786.52				
92934 Hanson Flats Suite 234 East Jacob MN 88735-0701					5	Medicare wages and tips	6 Medicare tax withheld 5616.29					
						193665.27						
					7	Social security tips	8 Allocated tips					
						167144.09	193665.27					
d Contro	d Control number					9 Advance EIC payment 10			Dependent care benefits			
	4266748								300			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
Alejandro Singleton 186 Heath Drives Lake Amanda AL 33689-4880					249			5222				
					13 Sta	utory Retirement Third-party sloyee plan sick pay	12b	i				
					X X			D	627			
					14	Other (see enclosed Notice to Employ	12c					
							P	985				
							İ	12d				
									443			
f Employee's address and ZIP code							[
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax		10 = = = = = = = = = = = = = = = = = = =		Local income	tax	20 Locality name		
NH	554-05	5-816	104307.45	4833.3	184294.05 38		8788.34		Hernandez Plaza			
UT	294-89	9-166	105526.56	3479.89		253240.36 36		436.4	2	Johnson Inlet		

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

