| REISSUED a Employee's social security number | | Safe, Accurate, Visit the IRS Website | | | | |
|---|----------------|---|---------------------|---------------------------------|--|--|
| STATEMENT 286-47-2797 | OMB No. 1545-0 | 008 FAST! Use | at ww | w.irs.gov/efile. | | |
| b Employer identification number | 1 | Wages, tips, other compensation | 2 Federal income | 2 Federal income tax withheld | | |
| 84-6451416 | | 93790.98 | 24740.2 | 24740.2 | | |
| c Employer's name, address, and ZIP code | 3 | Social security wages | 4 Social security | 4 Social security tax withheld | | |
| Meyers, Mendoza and Jackson Inc | | 74412.59 | 5692.56 | 5692.56 | | |
| 48017 Joseph Lake Suite 517 | 5 | Medicare wages and tips | | | | |
| West Sharonside IN 40098-4382 | | 93279.23 | | 2705.1 | | |
| West bhalonside in 40050 4502 | 7 | Social security tips | · · | 8 Allocated tips | | |
| | 9 | 74412.59 | | 93279.23 | | |
| d Control number | | Advance EIC payment | 10 Dependent car | | | |
| 8589362 | 11 | | | 175 | | |
| e Employee's first name and initial Last name | | Nonqualified plans | 12a See instructio | 12a See instructions for box 12 | | |
| Waltham Balthaman | | 118 | 188 | 1885 | | |
| Matthew Patterson | | utory Retirement Third-party loyee plan sick pay | 12b | | | |
| 4451 Obrien Heights Apt. 982 | Chip | X Slok pay | G 632 | 2 | | |
| Brennanmouth UT 03613-6037 | | Other (see enclosed Notice to Employ | ree) 12c | | | |
| | | | G 168 | 3 | | |
| | | | 12d | | | |
| | | | G 347 | , | | |
| f Employee's address and ZIP code | | | , | | | |
| 15 State Employer's state ID number 16 State wages, tips, etc. 17 State | ate income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | | |
| AR 501-96-885 46082.89 528 | 0.96 | 76141.25 | 16565.28 | Jorge Turnpike | | |
| OK 151-96-631 46260.55 417 | 2.34 | 95106.07 | 12045.36 | Vaughan Greens | | |

Wage and Tax Statement

5010

Cut here. Keep lower portion for your records.

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.

| DEIGGLIED | - F | -1 | | | This information is being furnic | bod t | a the Internal De | venue Cen | ion. If you are required | | | |
|--|-------------------|----------------------------|--|--|----------------------------------|--------------------------------|-------------------|-----------|--------------------------|--|--|------------------|
| 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 | 28 | 36-47-2797 | OMB N | OMB No. 1545-0008 this income is taxable and you fail to report it. | | | | | | | | |
| b Employer identification number | | | Wages, tips, other compensation | | | 2 Federal income tax withheld | | | | | | |
| 84-6451416 | | | 93790.98 | | | 24740.2 | | | | | | |
| c Employer's name, address, and ZIP code | | | 3 Social security wages | | | 4 Social security tax withheld | | | | | | |
| Meyers, Mendoza and Jackson Inc | | | 74412.59 | | | 5692.56 | | | | | | |
| 48017 Joseph Lake Suite 517 West Sharonside IN 40098-4382 | | | 5 Medicare wages and tips 93279.23 | | | 6 Medicare tax withheld 2705.1 | | | | | | |
| | | | | | | | | | 7 Social security tips | | | 8 Allocated tips |
| | | | | | | 74412.59 | | | 93279.23 | | | |
| d Control number | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | | | |
| 8589362 | | | | | | 175 | | | | | | |
| e Employee's first name and initial Last name | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | | | | |
| Matthew Patterson | | | 118 | | | 1885 | | | | | | |
| | | | 13 Sta | | | 12b | | | | | | |
| 4451 Obrien Heights Apt. 982 | | | employee plan sick pay | | | G | 632 | | | | | |
| Brennanmouth UT 03613-6037 | | | 14 Other (see enclosed Notice to Employee) | | | 12c | | | | | | |
| | | | | | | G | 168 | | | | | |
| | | | | | | | 12d | | | | | |
| | | | | | | | | 1. | | | | |
| | | | | | | G 347 | | | | | | |
| f Employee's address and ZIP | | T - | | | 1 | | | | | | | |
| 15 State Employer's state ID | | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips, etc. | ' | Local income ta | x | 20 Locality name | | | |
| AR 501-9 | 6-885 | 46082.89 | 5280.96 | | 76141.25 | 16 | 565.28 | | Jorge Turnpike | | | |
| OK 151-9 | 6-631 | 46260.55 | 4172.34 | | 95106.07 | 12 | 045.36 | | Vaughan Greens | | | |

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

