F	REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website									
S	<b>TATEMENT</b>	66	57-95-4407	OMB N	No. 1545-0	0008 FAST	! Use	<u></u>		e	at www.ii	s.gov/efile	Э.	
<b>b</b> Emplo	yer identification number			•	1	1 Wages, tips, other compensation			2 Federal income tax withheld					
	45-6046464					134599.74				23911.43				
<b>c</b> Emplo	yer's name, address, and 2	ZIP code			3	3 Social security wages				4 Social security tax withheld				
Jacobs PLC Group					112571.23				8611.7					
2517 Webb Hollow Wardmouth OR 16650-7382					5	l				6 Medicare tax withheld				
					163745.65				4748.62					
					7 Social security tips				8 Allocated tips					
						112571.23			163745.65					
<b>d</b> Contro	ol number				9 Advance EIC payment				10 Dependent care benefits					
	2341748								239					
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12					
					204				G 8585					
	Julie Cummings					13 Statutory Retirement Third-party employee plan sick pay				12b				
4103 Joanna Ports Suite 480 South Alicia VT 43926-9065					14 Other (see enclosed Notice to Employee)				147					
									12c	i				
504011 1111014 11 13310 3003									E	816				
									12d					
										D	767			
f Emplo	yee's address and ZIP cod	0						-		ם	707			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	<u> </u>	18 Local wages,	tips, etc.	19 L	ocal inco	ome tax		20 Locality	y name	
AZ	174-59	-341	65493.13	8648.93		158783.	22	17	484	. 77		Tracy	Skyway	
												<b></b>		
HI	172-12	-176	67318.84	6769.14		146315.	62	15	054	. 75		Richards	on Haven	

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.

F	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required								
S	TATEMENT	6	67-95-4407	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				
45-6046464					134599.74				23911.43				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Jacobs PLC Group					112571.23				8611.7				
2517 Webb Hollow					5 Medicare wages and tips				6 Medicare tax withheld				
					163745.65				4748.62				
	Wardmouth OR 16650-7382					7 Social security tips				8 Allocated tips			
						112571.23				163745.65			
<b>d</b> Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits				
	2341748					239							
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12				
	Julie Cummings				204  13 Statutory Retirement Third-party				G 8585				
4103 Joanna Ports Suite 480							ick pay			147			
South Alicia VT 43926-9065						14 Other (see enclosed Notice to Employee)				12c			
									E	816			
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	oyee's address and ZIP co		140 00000000000000000000000000000000000	147 0000		I do também de la compa	-	40 1	income tax		00 1		
15 State			16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.				(	20 Locality name		
AZ	174-59	9-341	65493.13	8648.93		158783.22		⊥748	4.77		Tracy Skyway		
ні	172-12	2-176	67318.84	6769.14		146315.62		1505	4.75		Richardson Haven		

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

