REISSUED a Em	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Website						
STATEMENT	385-99-1827	OMB No	o. 1545-00	08 FAST! Use	G	file	at www.ii	rs.gov/efile.		
b Employer identification number			1 Wages, tips, other compensation			Federal income tax withheld				
26-4080470				232329.33			37207.36			
c Employer's name, address, and ZIP code	е		3 Social security wages			4 Social security tax withheld				
Hobbs, Cooper and Brown Ltd			227488.46			17402.87				
094 Moore Drive Suite 274			5 Medicare wages and tips			6 Medicare tax withheld				
GL C L . DG			296144.77			8588.2				
Stacyfort DC 58588-7055			7 Social security tips			8 Allocated tips				
				227488.46			296144.77			
d Control number			9 Advance EIC payment			10 Dependent care benefits				
2298107						159				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Jennifer Walker			251			D 2660				
			13 Statutory Retirement Third-party			2b				
192 Erickson Hills			emplo	pyee plan sick pay		E	518			
Tark Milarda	TT 02200 0724		14 C	Other (see enclosed Notice to Employ	vee) 12	2c				
East Mikayla FL 83389-2734							450			
						459				
					12	2a	I			
						H	996			
f Employee's address and ZIP code										
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		I income ta	x	20 Locality name		
AR 563-05-03	7 105505.16	6078.72		235242.55	3496	1.07		Teresa Landing		
AL 148-24-65	2 107003.68	5353.62		179538.49	4156	64.0		Patton Port		

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.

F	REISSUED	a Employee's soc	ial security number		This information is being furnished to the Internal Revenue Service. If you are required					
S	TATEMENT	3	85-99-1827	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 Emplo	b Employer identification number				1 Wages, tips, other compensation			2 Federal income tax withheld		
26-4080470				232329.33			37207.36			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Hobbs, Cooper and Brown Ltd				227488.46			17402.87			
094 Moore Drive Suite 274			5 Medicare wages and tips			6 Medicare tax withheld				
			296144.77			8588.2				
Stacyfort DC 58588-7055			7 Social security tips			8 Allocated tips				
				227488.46			296144.77			
d Control number				9 Advance EIC payment			10 Dependent care benefits			
2298107								159		
e Employee's first name and initial Last name			11 Nonqualified plans 12a See instructions for box 1				for box 12			
Jennifer Walker			251			D 2660				
			13 Statutory Retirement Third-party			12b				
192 Erickson Hills			employee plan sick pay			E 518				
	Eact Mikas	rla FT.	83389-2734		14	Other (see enclosed Notice to Employ	yee)	12c	1	
East Mikayla FL 83389-2734						459				
								12d	1	
								Н	996	
	oyee's address and ZIP cod									
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax				9 Local income tax		20 Locality name
AR	563-05	5-037	105505.16	6078.72	235242.55 34961.0		961.07		Teresa Landing	
AL	148-24	-652	107003.68	5353.62		179538.49 41		11564.0		Patton Port

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

