| REISSUED | EISSUED a Employee's social security number | | | Safe, Accurate, Visit the IRS V at www.irs.gov | | | | | IRS Website | | | |
|---|---|----------------------------|---------------------|--|--|------------------|------|---------------------------------|--------------------------------|-----------|------------------|--|
| STATEMENT | 5: | 32-37-1946 | OMB N | o. 1545-0 | 008 F | AST! Use | | | 6 | at www.ii | rs.gov/efile. | |
| b Employer identification number | | | | | 1 Wages, tips, other compensation | | | | Federal income tax withheld | | | |
| 24-5093351 | | | | | 211060.91 | | | | 62587.1 | | | |
| c Employer's name, address, and ZIP code | | | | | 3 Social security wages | | | | 4 Social security tax withheld | | | |
| Jimenez, Jacobs and Rhodes LLC | | | | | 215157.09 | | | | 16459.52 | | | |
| 251 Craig Hills | | | | | 5 Medicare wages and tips | | | | 6 Medicare tax withheld | | | |
| North Andrew OH 43394-6292 | | | | | 257039.86 | | | | 7454.16 | | | |
| North Andrew OH 45394-6292 | | | | | 7 Social security tips | | | | 8 Allocated tips | | | |
| | | | | | 215157.09 | | | | 257039.86 | | | |
| d Control number | | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | |
| 8935197 | | | | | | | | 107 | | | | |
| e Employee's first name and initial Last name | | | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | |
| | | | | | 288 | | | | G 8323 | | | |
| Jennifer Lewis | | | | | 13 Statutory Retirement Third-party employee plan sick pay | | | | | l | | |
| 979 Romero Stravenue Apt. 498 | | | | | oloyee pl | an sick | pay | | | 593 | | |
| West Bradleytown NJ 48915-2879 | | | | | 14 Other (see enclosed Notice to Employee) | | | | | l | | |
| | | | | | | | | | D | 820 | | |
| | | | | | | | | 12d | | | | |
| | | | | | | | | | G | 423 | | |
| f Employee's address and | ZIP code | | | | | | | | 1 | | | |
| 15 State Employer's sta | te ID number | 16 State wages, tips, etc. | 17 State income tax | - | 18 Local w | ages, tips, etc. | 19 1 | Local inc | ome tax | | 20 Locality name | |
| WV 149 | -51-861 | 106875.93 | 11084.35 | | 23514 | 4.02 | 38 | 882 | . 04 | | Williams Mews | |
| FL 694 | -76-443 | 100360.83 | 9820.76 | | 21727 | 2.59 | 23 | 065 | . 35 | | Paul Mountain | |

Wage and Tax
Form W-2 Statement

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 | JED | a Employee's socia | l security number | | This information is being furnished to the Internal Revenue Service. If you are required | | | | | | | |
|---|---|--------------------|-------------------|----------|---|--------------------------------|----|-------------------------------------|---------------------------------|-----|---------------|--|
| STATEM | | 53 | 32-37-1946 | 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 identific | b Employer identification number | | | | Wages, tips, other compensation | | | | 2 Federal income tax withheld | | | |
| 24-5093351 | | | | | 211060.91 | | | | 62587.1 | | | |
| c Employer's name, address, and ZIP code | | | | | 3 S | 4 Social security tax withheld | | | | | | |
| Jimenez, Jacobs and Rhodes LLC | | | | | 215157.09 | | | | 16459.52 | | | |
| 251 Craig Hills | | | | | 5 Medicare wages and tips | | | | 6 Medicare tax withheld | | | |
| North Andrew OH 43394-6292 | | | | | 257039.86 | | | | 7454.16 | | | |
| | | | | | 7 Social security tips | | | | 8 Allocated tips | | | |
| | | | | | 215157.09 | | | | 257039.86 | | | |
| d Control number | | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | |
| 8935197 | | | | | | 107 | | | | | | |
| e Employee's first name and initial Last name | | | | | 11 Nonqualified plans | | | | 12a See instructions for box 12 | | | |
| Jennifer Lewis | | | | | 288 | | | | G 8323 | | | |
| | | | | | 13 Statutory Retirement Third-party | | | | 12b | | | |
| 979 Romero Stravenue Apt. 498 | | | | | emple | pyee plan sick pa | У | | ! | 593 | | |
| West Bradleytown NJ 48915-2879 | | | | | 14 Other (see enclosed Notice to Employee) | | | | 12c | | | |
| | | | | D 8 | | | | | 820 | | | |
| | | | | | | | | 12d | | | | |
| | | | | | | | | | G | 423 | | |
| | | | | | | | | | G | 423 | | |
| | 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. 19 | | | D Local income tax 20 Locality name | | | | |
| WV | 149-51 | | 106875.93 | 11084.35 | | 235144.02 | | 38882.04 | | | Williams Mews | |
| | | | | | | | | | | | | |
| FL | 694-76 | 5-443 | 100360.83 | 9820.76 | | 217272.59 | 23 | 3065. | 35 | | Paul Mountain | |

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

