| REISSUED a Employee's social security number                   |                     |                                  | Safe, Accurate,                  | TDC D    | A HID                          | Visit the    | IRS Webs     | site   |  |
|--|---------------------|----------------------------------|----------------------------------|----------|--------------------------------|--------------|--------------|--------|--|
| STATEMENT 640-11-4948  | OMB N               | o. 1545-0008                     | FAST! Use                        |          | *file                          | at www.ii    | rs.gov/efile | €.     |  |
| <b>b</b> Employer identification number                        |                     | 1 Wages                          | s, tips, other compensation      | 1        | 2 Federa                       | l income tax | withheld     |        |  |
| 50-1525606   |                     |                                  | 132496.41                        |          |                                | 15257.35     |              |        |  |
| c Employer's name, address, and ZIP code                       |                     | 3 Social security wages          |                                  |          | 4 Social security tax withheld |              |              |        |  |
| Brock-Jenkins Group  |                     | 169026.02                        |                                  |          | 12930.49                       |              |              |        |  |
| 859 Mitchell Knolls Apt. 589                                   |                     | 5 Medicare wages and tips        |                                  |          | 6 Medicare tax withheld        |              |              |        |  |
| Anthonyfurt MO 22560-7146                                      |                     | 134616.15 7 Social security tips |                                  |          | 3903.87  8 Allocated tips      |              |              |        |  |
| intending rate the 22300 /110                                  |                     |                                  |                                  |          | 8 Allocate                     | •            |              |        |  |
| 1 October 11   |                     | _                                | 9026.02                          |          | 40                             |              | 16.15        |        |  |
| d Control number   |                     | 9 Advan                          | ce EIC payment                   |          | 10 Depend                      | dent care be | enetits      |        |  |
| 9009394  |                     |                                  | ve                               |          |                                | 295          |              |        |  |
| e Employee's first name and initial Last name                  |                     | 11 Nonqu                         | alified plans                    |          | 12a See in                     | structions f | for box 12   |        |  |
| n: 1   |                     | 256                              |                                  |          | E 6806                         |              |              |        |  |
| Richard Rodriguez  |                     | 13 Statutory employee            | Retirement Third-<br>plan sick p |          | 12b                            | i            |              |        |  |
| 79668 Gail Freeway Suite 255                                   |                     |                                  | X                                | lay      | H                              | 962          |              |        |  |
| Melanieview IN 71538-6374                                      |                     |                                  | see enclosed Notice to En        | nployee) | 12c                            | ,<br>I       |              |        |  |
|  |                     |                                  |                                  |          | н                              | 512          |              |        |  |
|  |                     |                                  |                                  | •        | 12d                            |              |              |        |  |
|  |                     |                                  |                                  |          |                                | 462          |              |        |  |
| 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 L     | ocal income tax                |              | 20 Localit   | y name |  |
| AK 043-10-743 62414.02   | 4647.1              | 10                               | 2231.75                          | 17       | 581.77                         |              | Lisa         | Fall   |  |
| MA 868-49-339 63986.73   | 3507.05             | 1 3                              | 1370.8                           | 26       | 075.04                         |              | Webb         | Ттасе  |  |
| 121 000 49 559 05900.75  | 3307.03             | 112                              | 13,0.0                           | 120      | 0,0.04                         |              | MEDD         | rrace  |  |

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.

| REISSUED a Employee's social security number  |                | This information is being furnished to the Internal Revenue Service. If you are required  |                     |                                |  |  |  |  |
|---|----------------|---|---------------------|--------------------------------|--|--|--|--|
| STATEMENT 640-11-4948                         | OMB No. 1545-0 | 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   | 2 Federa            | Federal income tax withheld    |  |  |  |  |
| 50-1525606                                    |                | 132496.41   |                     | 15257.35                       |  |  |  |  |
| c Employer's name, address, and ZIP code      |                | Social security wages   | 4 Social            | 4 Social security tax withheld |  |  |  |  |
| Brock-Jenkins Group                           |                | 169026.02   |                     | 12930.49                       |  |  |  |  |
| 859 Mitchell Knolls Apt. 589                  |                | Medicare wages and tips   | 6 Medica            | Thousand tax mamoid            |  |  |  |  |
| Anthonyfurt MO 22560-7146                     |                | 134616.15   | Q Allered           | 3903.87                        |  |  |  |  |
| 22300 /110                                    | 7              | Social security tips  | 8 Allocati          | 8 Allocated tips               |  |  |  |  |
|   |                | 169026.02   |                     | 134616.15                      |  |  |  |  |
| d Control number                              | 9              | Advance EIC payment   | 10 Depen            | dent care benefits             |  |  |  |  |
| 9009394                                       |                |   |                     | 295                            |  |  |  |  |
| e Employee's first name and initial Last name | 11             | Nonqualified plans  | 12a See in          | structions for box 12          |  |  |  |  |
|   |                | 256   |                     | E 6806                         |  |  |  |  |
| Richard Rodriguez                             |                | utory Retirement Third-part   | y <b>12b</b>        |                                |  |  |  |  |
| 79668 Gail Freeway Suite 255                  |                | loyee plan sick pay   | н                   | 962                            |  |  |  |  |
| Melanieview IN 71538-6374                     | 14             | Other (see enclosed Notice to Emplo   | oyee) 12c           | i                              |  |  |  |  |
| 110141110111011111111111111111111111111       |                |   | н                   | 512                            |  |  |  |  |
|   |                |   | 12d                 | 1                              |  |  |  |  |
|   |                |   |                     | 462                            |  |  |  |  |
| f Employee's address and ZIP code             |                |   |                     |                                |  |  |  |  |
|   | te income tax  | 18 Local wages, tips, etc.  | 19 Local income tax | 20 Locality name               |  |  |  |  |
| AK 043-10-743 62414.02 464                    | 7.1            | 102231.75   | 17581.77            | Lisa Fall                      |  |  |  |  |
| MA 868-49-339 63986.73 350                    | 7.05           | 131370.8  | 26075.04            | Webb Trace                     |  |  |  |  |

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

