REISSUED	a Employee's social s	•			Sat	e, Accurate,	260	H O	Visit the	IRS Website	
STATEMENT	512	2-88-7607	OMB N	o. 1545-00	008 FA	ST! Use	G	file)	at www.i	rs.gov/efile.	
b Employer identification number				1 Wages, tips, other compensation				2 Federal income tax withheld			
71-6004185				114004.93				23272.91			
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld			
Mooney, Flores and Colon Group				141500.09				10824.76			
5808 Alicia Avenue Apt. 976				5 Medicare wages and tips				6 Medicare tax withheld			
Kathleenshire CO 09955-6114				91753.06				2660.84 8 Allocated tips			
Nathreenshire 60 09933 0114				7 Social security tips							
				141500.09				91753.06			
d Control number				9 Advance EIC payment			1	10 Dependent care benefits			
3002398								247			
e Employee's first name and initial	Last name			11 1	lonqualified pla	ns	1	12a See in	structions	for box 12	
John White				230				D 8240			
John Wh	iite			13 Statu		ement Third-party sick pay	1	12b	1		
79500 Jim Mill Apt. 901				employee plan sick pay				G	G 239		
Stephaniefurt NY 16210-3536				14 Other (see enclosed Notice to Employee)				12c	1		
								G	897		
			1				12d				
								E	899		
f Employee's address and ZIP cod	de										
15 State Employer's state ID no	umber 1	16 State wages, tips, etc.	17 State income tax	<u>.</u>	18 Local wag	es, tips, etc.	19 Loc	cal income tax	(20 Locality name	
AK 719-13	3-849 5	56592.39	4478.04		114115	.39	209	79.79		Evans Throughway	
WI 785-56	5-246	54302.9	5336.18	106509.33		168	70.65	Valerie Crest			

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.

REISSUED	a Employee's socia	I security number		This information is being furnished to the Internal Revenue Service. If you are required						
STATEMENT	51	2-88-7607	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	er		t	1 V	/ages, tips, other compensation		2 Federal income tax withheld			
71-6004185				114004.93			23272.91			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Mooney, Flores and Colon Group				141500.09			10824.76			
5808 Alicia Avenue Apt. 976 Kathleenshire CO 09955-6114				5 Medicare wages and tips			6 Medicare tax withheld			
				91753.06			2660.84			
				7 Social security tips			8 Allocated tips			
				141500.09			91753.06			
d Control number				9 Advance EIC payment			10 Dependent care benefits			
3002398							247			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
John White			230			D 8240				
			13 Statutory Retirement Third-party sick pay X Other (see enclosed Notice to Employee)			12b	1			
79500 Jim Mill Apt. 901 Stephaniefurt NY 16210-3536						G 239				
						12c				
						G	897			
						12d				
						_	000			
						E 899				
f Employee's address and ZIP code								Lag I III		
15 State Employer's state I		16 State wages, tips, etc.	17 State income tax		3, , , , , , ,		Local income to		20 Locality name	
AK 719-	13-849	56592.39	4478.04		114115.39 20		0979.79		Evans Throughway	
WI 785-	56-246	54302.9	5336.18		106509.33	16	870.65		Valerie Crest	

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

