R	EISSUED	Employee's socia	l security number				Safe, Accu	ırate,			Visit the	IRS Webs	site	
ST	ATEMENT	36	66-77-9325	OMB N	o. 1545-	8000	FAST! Us	e The second		le)	at www.i	rs.gov/efile	э.	
b Employe	mployer identification number				1 Wages, tips, other compensation				2	2 Federal income tax withheld				
C	01-5465682					238953.02				46404.99				
c Employe	er's name, address, and Zl	P code			3 Social security wages				4	4 Social security tax withheld				
C	Cox, Acosta and Park Inc					181012.31				13847.44				
3170 Hall Shoal					5 Medicare wages and tips				6	6 Medicare tax withheld				
_							247623.11				7181.07			
2	South Garyview NJ 84880-4785					7 Social security tips				8 Allocated tips				
					181012.31					247623.11				
d Control					9 Advance EIC payment				10	10 Dependent care benefits				
7	7506340									247				
e Employee's first name and initial Last name					11 Nonqualified plans				12a	12a See instructions for box 12				
_						102				E 2624				
Robert Rhodes 782 Hernandez Forks Apt. 703 Lake Amy TN 86449-7781					13 Statutory Retirement Third-party employee Plan Sick pay 14 Other (see enclosed Notice to Employee)				12b					
										G	919			
									e) 12c					
									,					
										838				
									120		Ī			
										D	425			
	ee's address and ZIP code													
15 State	Employer's state ID nun		16 State wages, tips, etc.	17 State income tax			al wages, tips, e		19 Local ir			20 Localit	y name	
AL	032-28	-730	131329.46	5827.92		207	219.64	4	16644	.05		Donna	Brooks	
			110000											
MA	607-33	-584	113298.22	7733.14		202	694.08		25812	.23		Cole	Fall	

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 socia	•		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if							
	STATEMENT 500 // 5525					No. 1545-0008 this income is taxable and you fail to report it.						
b Emplo	b Employer identification number					Vages, tips, other compensation	Federal income tax withheld					
01-5465682						238953.02	46404.99					
c Emplo	c Employer's name, address, and ZIP code					Social security wages	4 Social security tax withheld					
Cox, Acosta and Park Inc 3170 Hall Shoal						181012.31	13847.44					
					5 1	Medicare wages and tips	6 Medicare tax withheld					
						247623.11	7181.07					
	South Garyview NJ 84880-4785					Social security tips	8 Allocated tips					
						181012.31	247623.11					
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	7506340								247			
e Emplo	Robert Rhodes 782 Hernandez Forks Apt. 703 Lake Amy TN 86449-7781					lonqualified plans	12a See instructions for box 12					
						102 Itory Retirement Third-party	E 2624					
						employee plan sick pay X Other (see enclosed Notice to Employee)			919			
						Other (see enclosed Notice to Employ	12c	ı				
							838					
								12d	ı			
									D 425			
f Employee's address and ZIP code						Tana a a a	1.0			Lag t iii		
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		10 = 10 mag 20, mp 2, 110		Local income tax		20 Locality name		
AL	032-28	3-730	131329.46	5827.92		207219.64	46	644.05		Donna Brooks		
MA	607-33	3-584	113298.22	7733.14		202694.08	25	812.23		Cole Fall		

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

