REISSUED a Employee's social security nur			Safe, Accurate,	1BS 1	Z H	Visit the IRS Website			
STATEMENT 284-06-7	7038	OMB No. 1545-0008	FAST! Use		'file	at www.irs.gov/efile.			
b Employer identification number			1 Wages, tips, other compensation			Federal income tax withheld			
91-6056710			235886.09			36282.39			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld			
Rogers and Sons LLC			213799.09			16355.63			
880 Angela Falls Apt. 436			5 Medicare wages and tips			6 Medicare tax withheld			
Lake Elizabethland RI 33508-5809			242002.43			7018.07			
Take Elizabethiand RI 33300-3609			7 Social security tips			8 Allocated tips			
			213799.09			242002.43			
d Control number		9 Adv	rance EIC payment		10 Depend	ent care benefits			
98691						144			
e Employee's first name and initial Last name			11 Nonqualified plans 12a			2a See instructions for box 12			
None Mandage			256			E 3726			
Anna Mendoza		13 Statutor employe			12b				
87018 White Mill			X			940			
Lake Erinside UT 28204-4301			14 Other (see enclosed Notice to Employee)						
						627			
						12d			
					E	790			
f Employee's address and ZIP code									
15 State Employer's state ID number 16 State wa	ges, tips, etc. 17 State incor	me tax 1	8 Local wages, tips, etc.		ocal income tax	20 Locality name			
WI 660-14-255 12113	2.16 8494.0	8 2	214954.09	356	642.85	Lopez Groves			
CT 702-15-629 12586	0.69 9157.9	8 2	237160.6	426	679.67	Jose Loop			

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.

R	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							
	<u> </u>	28	34-06-7038	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.							
b Employ	b Employer identification number				1 Wages, tips, other compensation			2 Federal income tax withheld				
91-6056710				235886.09			36282.39					
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld					
Rogers and Sons LLC				213799.09			16355.63					
880 Angela Falls Apt. 436 Lake Elizabethland RI 33508-5809				5 Medicare wages and tips 242002.43			6 Medicare tax withheld 7018.07					
										7 Social security tips		
								213799.09			242002.43	
d Control number			9 Advance EIC payment			10 Dependent care benefits						
	98691								144			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12						
Anna Mendoza			256 13 Statutory Retirement Third-party			E 3726						
87018 White Mill				mployee plan sick pay X Steps 14 Other (see enclosed Notice to Employee)				940				
Lake Erinside UT 28204-4301			12c				ı					
			D				D 627					
							İ	12d				
							E 790					
	yee's address and ZIP co		I 46 Ctataaaaa tiaa ata	17 State income tax		140 1 1	10.1	ocal income tax		100 Lassitus		
15 State	Employer's state ID n		16 State wages, tips, etc.			18 Local wages, tips, etc.			·	20 Locality name		
WI	660-14	1-255	121132.16	8494.08		214954.09	35	642.85		Lopez Groves		
СТ	702-15	5-629	125860.69	9157.98		237160.6	42	679.67		Jose Loop		

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

