KEIGGGED	ocial security number			Safe, Accurat	e,	A SHO	Visit the IRS Website		
STATEMENT	140-95-8970	OMB N	o. 1545-00	08 FAST! Use		vfile	at www.irs.gov/efile.		
b Employer identification number		•	1 V	ages, tips, other compensat	tion	2 Federa	I income tax withheld		
85-6644804				219459.22			25182.74		
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld		
Lucero, Lee and Chavez Inc				219384.71			16782.93		
1530 Kelly Valleys Apt. 008			5 Medicare wages and tips			6 Medicare tax withheld			
Nuneztown OR 60239-3405			208047.54			6033.38			
Nullez Cowii OR 80239-3403			7 Social security tips			8 Allocated tips			
				219384.71			208047.54		
d Control number			9 A	dvance EIC payment		10 Depend	dent care benefits		
5882945							173		
e Employee's first name and initial Last n	ame		11 N	onqualified plans		12a See in	structions for box 12		
			170			2572			
Allen Rogers 2743 Hernandez View Jeffreychester IN 64313-0776			13 Statutory Retirement Third-party sick pay 14 Other (see enclosed Notice to Employee)			12b			
						D 280			
						12c	1		
							317		
						12d			
							964		
f Employee's address and ZIP code							1001		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local income tax	20 Locality name		
SD 519-92-086	99102.3	12119.11		257255.27	29	9134.63	Samantha Plaza		
GA 904-41-445	120285.46	10785.53		169085.42	25	323.34	Justin Fords		

Wage and Tax Statement

Form W-2

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	l security number		This information is being furnished to the Internal Revenue Service. If you are required						
S	TATEMENT	14	10-95-8970	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				Wages, tips, other compensation			2 Federal income tax withheld				
85-6644804				219459.22			25182.74				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Lucero, Lee and Chavez Inc				219384.71			16782.93				
1530 Kelly Valleys Apt. 008			5 Medicare wages and tips			6 Medicare tax withheld					
Nuneztown OR 60239-3405			208047.54 7 Social security tips			6033.38 8 Allocated tips					
d Control number			9 Advance EIC payment			10 Dependent care benefits					
5882945							173				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Allen Rogers 2743 Hernandez View Jeffreychester IN 64313-0776			170 13 Statutory Retirement Third-party			2572					
			emple				280				
			14 Other (see enclosed Notice to Employee)			317					
								964			
f Emplo	oyee's address and ZIP coo Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	10.10	ocal income tax		20 Locality name	
			9			5				1	
SD	519-92	-086	99102.3	12119.11		257255.27	291	134.63		Samantha Plaza	
GA	904-41	445	120285.46	10785.53		169085.42	253	323.34		Justin Fords	

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

