| R | REISSUED a Employee's social security number | | | | Safe, Accurate, | | | | Visit the IRS Website | | | | |
|---|--|-----------|----------------------------|---------------------|--|-----------------------------------|-------------------------|-------------|--------------------------------|-----------------------------|---------------|--------|--|
| ST | TATEMENT | 86 | 8-83-8742 | OMB N | o. 1545-0 | 008 FAST! U | se | G~I | 1e | at www.i | rs.gov/efile. | | |
| b Employ | b Employer identification number | | | | | 1 Wages, tips, other compensation | | | | Federal income tax withheld | | | |
| 50-4304105 | | | | | | 128554.81 | | | | 16270.6 | | | |
| c Employ | yer's name, address, and 2 | ZIP code | | • | 3 Social security wages | | | | 4 Social security tax withheld | | | | |
| | Salazar, Hu | erta and | Fowler PLC | | 162728.48 | | | | 12448.73 | | | | |
| 42872 Jason Fort Apt. 821 | | | | | 5 Medicare wages and tips | | | | 6 Medicare tax withheld | | | | |
| | - | | | | | 99480.56 | | | | 2884.94 | | | |
| ' | South Katieberg LA 87810-3839 | | | | | 7 Social security tips | | | | 8 Allocated tips | | | |
| | | | | | | 162728.48 | 3 | | | 9948 | | | |
| d Contro | | | | | 9 / | Advance EIC payment | | 10 | Depen | dent care be | enefits | | |
| | 1917630 | | | | | | | | | 241 | | | |
| e Emplo | yee's first name and initial | Last name | • | | 11 1 | Nonqualified plans | | 12a | See in | structions 1 | for box 12 | | |
| | 7.i | | | | | 177 | | | H | 8285 | | | |
| | Lisa Fo | ord | | | 13 Statu | itory Retirement oyee plan | Third-party sick pay | 12b | | 1 | | | |
| 5874 Grant Streets Kathleenburgh SD 77750-6796 | | | | | X Supply | | | | | 801 | | | |
| | | | | | 14 Other (see enclosed Notice to Employee) | | | | 12c | | | | |
| | | | | | | | | | | 432 | | | |
| | | | | | | | | | 12d | | | | |
| | | | | | | | | | P | 259 | | | |
| f Employ | vee's address and ZIP cod | ۵ | | | | | | | - | 233 | | | |
| 15 State | Employer's state ID nu | | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips | , etc. | 19 Local in | ncome tax | (| 20 Locality r | name | |
| WA | 053-81 | -159 | 66528.6 | 3299.1 | | 104065.1 | | 22228 | 3.81 | | Garcia E | Brooks | |
| | | | | | | | | | | | | | |
| IN | 443-39 | -909 | 58255.66 | 2120.12 | | 126927.71 | - | 23504 | 1.45 | | Francis | Green | |

Wage and Tax

5070

Department of the Treasury--Internal Revenue Service

Form W-2 Statement

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 | al security number | | This information is being furnished to the Internal Revenue Service. If you are required | | | | | | | |
|---|---|--------------------|--------------------|-------------------------------|---|---------------------------------------|----------------------------------|--------------------------------|---------------------------------|---------------|--|--|
| SI | TATEMENT | 86 | 68-83-8742 | 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 Employ | b Employer identification number | | | | | Wages, tips, other compensation | | | 2 Federal income tax withheld | | | |
| 50-4304105 | | | | | 128554.81 | | | 16270.6 | | | | |
| c Employer's name, address, and ZIP code | | | | | 3 Social security wages | | | 4 Social security tax withheld | | | | |
| Salazar, Huerta and Fowler PLC 42872 Jason Fort Apt. 821 | | | | | 162728.48 | | | 12448.73 | | | | |
| | | | | | 5 1 | Medicare wages and tips | 6 Medicare tax withheld | | | | | |
| | | | | | | 99480.56 | 2884.94 | | | | | |
| | South Katieberg LA 87810-3839 | | | | | Social security tips | 8 Allocated tips | | | | | |
| | | | | | | 162728.48 | 99480.56 | | | | | |
| d Contro | d Control number | | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | |
| | 1917630 | | | | | | | | 241 | | | |
| e Emplo | e Employee's first name and initial Last name | | | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | |
| | Lisa Ford | | | | 177 13 Statutory Retirement Third-party | | | H 8285 | | | | |
| 5874 Grant Streets Kathleenburgh SD 77750-6796 | | | | | mployee plan sick pay 14 Other (see enclosed Notice to Employee) | | | 801 | | | | |
| | | | | | | | | 12c | | | | |
| , | | | | 432 | | | | | | | | |
| | | | | | | | İ | 12d | | | | |
| | | | | | | | | | P 259 | | | |
| 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 | | | Local income tax 20 Locality nan | | | | | |
| WA | 053-81 | | 66528.6 | 3299.1 | | · · · · · · · · · · · · · · · · · · · | | 2228.81 | | · · | | |
| WA | 053-8. | г_тэа | 00328.0 | 3233.1 | | 104065.1 | | | | Garcia Brooks | | |
| IN | 443-39 | 9-909 | 58255.66 | 2120.12 | | 126927.71 23 | | 504.45 | Francis Green | | | |

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

