REISSUED a Employee's social security number	Safe, Accurate, Visit the IRS Website				
STATEMENT 811-75-6045	OMB No. 1545-0008	FAST! Use	ese ville	at www.irs.gov/efile.	
b Employer identification number	1 Wag	es, tips, other compensation	2 Federa	al income tax withheld	
27-8558963	40180.71		1257	12578.23	
c Employer's name, address, and ZIP code	3 Soci	3 Social security wages		4 Social security tax withheld	
Howell, Alvarez and Todd PLC	38071.51		2912.47		
7336 Cooper Falls Suite 624		icare wages and tips	6 Medica	are tax withheld	
New Kenneth AK 31393-3203		37797.02 7 Social security tips		1096.11 8 Allocated tips	
		8071.51	• Allocat	37797.02	
d Control number	_	ance EIC payment	10 Depen	dent care benefits	
2450088	9 Adva	ance Elo payment	10 Depen	230	
e Employee's first name and initial Last name	11 Nonqualified plans		12a See in		
e Employee's first hame and initial Last hame	II Non	qualified plaris	12a See III	Structions for box 12	
Jose Combs		221		7982	
Jose Combs		Retirement Third-party	12b	1	
80219 David Course		X X		628	
West Joshuachester NJ 67543-863	14 Othe	14 Other (see enclosed Notice to Employee)		i	
				532	
			12d	,	
			Н	836	
f Employee's address and ZIP code					
15 State Employer's state ID number 16 State wages, tips, etc. 17 State i	ncome tax 18	B Local wages, tips, etc.	19 Local income ta:	20 Locality name	
AL 420-27-931 20299.09 1267	.21 3	5696.94	4708.63	Kathleen Harbors	
SC 919-06-238 18765.44 1465	. 46 3	7416.42	6506.68	Donna Run	

Wage and Tax Statement

5070

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 social security number	This information is being furnished to the Internal Revenue Service. If you are required				
STATEMENT 811-75-6045	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	1	Wages, tips, other compensation	2 Feder	ral income tax withheld	
27-8558963		40180.71		12578.23	
c Employer's name, address, and ZIP code	3	Social security wages	4 Social	I security tax withheld	
Howell, Alvarez and Todd PLC		38071.51		2912.47	
7336 Cooper Falls Suite 624		5 Medicare wages and tips		6 Medicare tax withheld	
New Kenneth AK 31393-3203		37797.02		1096.11	
New Renneth AR 31393-3203		7 Social security tips		8 Allocated tips	
		38071.51		37797.02	
d Control number	9	Advance EIC payment	10 Deper	ndent care benefits	
2450088				230	
e Employee's first name and initial Last name	11	Nonqualified plans	12a See ii	nstructions for box 12	
		221		7982	
Jose Combs	13 Stat		rty 12b	i	
80219 David Course West Joshuachester NJ 67543-863		employee plan sick pay X Other (see enclosed Notice to Employee)		628	
				1	
				532	
			12d		
			н	836	
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 ta	ax 20 Locality name	
AL 420-27-931 20299.09 1267	.21	35696.94	4708.63	Kathleen Harbors	
SC 919-06-238 18765.44 1465	.46	37416.42	6506.68	Donna Run	

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

