REISSUED a Employee's social	•			Safe, Accurate,	Re D		Visit the I	RS Website	
STATEMENT 2!	58-02-4788	OMB N	o. 1545-00	008 FAST! Use	5	file)	at www.ir	s.gov/efile.	
b Employer identification number			1 \	Vages, tips, other compensation		2 Federal	income tax	withheld	
04-1749806				205320.26			49565.55		
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld			
Hernandez-Holder Inc			208097.83			15919.48			
87747 Dudley Manor Apt. 850			5 Medicare wages and tips			6 Medicare tax withheld			
Noblehaven NE 47524-2388			170739.97			4951.46			
NODIENAVEN NE 4/524-2566			7 Social security tips			8 Allocated tips			
			208097.83			170739.97			
d Control number			9 Advance EIC payment 10 De			10 Depend	ependent care benefits		
8450345							105		
e Employee's first name and initial Last name	е		11 1	Nonqualified plans	1	12a See ins	structions fo	or box 12	
,			157 13 Statutory Retirement Third-party employee Plan X 14 Other (see enclosed Notice to Employee)			4308			
Jonathan Jordan 2903 Graves Fork Cooperview OH 98723-2166						12b	i		
						12c			
						н	803		
						12d			
						E	885		
f Employee's address and ZIP code							L		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	<u>.</u>	18 Local wages, tips, etc.	19 Loc	cal income tax		20 Locality name	
OR 679-70-576	98140.46	5972.15	225703.26 32019.17		Lindsay Spring				
IN 561-74-195	102051.83	8004.85		171887.43	378	09.38		Nicole Loop	

Wage and Tax Statement 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.

REISSUE	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
STATEMEN	T 25	58-02-4788	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				
04-1749806			205320.26			49565.55				
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld				
Hernandez-Holder Inc			208097.83			15919.48				
87747 Dudley Manor Apt. 850 Noblehaven NE 47524-2388			5 Medicare wages and tips			6 Medicare tax withheld				
			170739.97			4951.46				
			7 Social security tips			8 Allocated tips				
			208097.83			170739.97				
d Control number				9 A	dvance EIC payment		10 Depend	ent care be	enefits	
8450345	5							105		
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Jonathan Jordan 2903 Graves Fork Cooperview OH 98723-2166			157 13 Statutory Retirement Third-party			4308				
			emple			12b	161			
			14 (ther (see enclosed Notice to Employ	ree)	12c				
			14 Suite (see divised Notice to Employee)							
						н 803				
							12d	1		
							E	885		
f Employee's address a										
	state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		ocal income tax		20 Locality name	
OR 6'	79-70-576	98140.46	5972.15		225703.26	32	019.17		Lindsay Spring	
IN 5	51-74-195	102051.83	8004.85		171887.43	37	809.38		Nicole 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

