REISSUED	a Employee's socia	•			S	afe, Accurate,	Re 🚹	-/GH		Visit the	IRS Website
STATEMENT	39	98-21-4564	OMB N	lo. 1545-	0008 F	AST! Use	G		e	at www.i	rs.gov/efile.
b Employer identification number	•			1	Wages, tips, of	ther compensation		Federal income tax withheld			
15-7512342				208324.85				44023.02			
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld			
Cook, Obrien and Hernandez Group				150653.97				11525.03			
70711 Little Skyway East Markside OK 43149-6196				5 Medicare wages and tips				6 Medicare tax withheld			
				184424.28				5348.3			
				7 Social security tips				8 Allocated tips			
					150653.97			184424.28			
d Control number				9	Advance EIC p	ayment		10	Depend	lent care be	enefits
2308363										277	
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12			
a, , , , ,			146				P 7079				
Cheryl Richardson				13 Statutory Retirement Third-party employee plan sick pay			/	12b			
3330 Castaneda Drives				eiii		(X				697	
West Maryville SD 37243-4438				14	Other (see end	losed Notice to Emplo	yee)	12c			
								D	969		
						12d					
									D	697	
f Employee's address and ZIP co	de						ŀ				
15 State Employer's state ID n	umber	16 State wages, tips, etc.	17 State income tax		18 Local wa	iges, tips, etc.	19 L	ocal inc	ome tax		20 Locality name
DE 412-19	9-276	101770.8	7151.9		179392.05		33	3387.01			Brown Avenue
CO 465-5	7-717	101054.93	6249.34		18028	5.63	23	658	.16		Christina Neck

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.

REISSUED	a Employee's soc	ial security number		This information is being furnished to the Internal Revenue Service. If you are required						
STATEMENT	3	98-21-4564	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				1	Wages, tips, other compensation	n	2 Federal income tax withheld			
15-7512342				208324.85			44023.02			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Cook, Obrien and Hernandez Group				150653.97			11525.03			
70711 Little Skyway				5 Medicare wages and tips			6 Medicare tax withheld			
East Markside OK 43149-6196					184424.28		5348.3			
				7	Social security tips		8 Allocated tips			
					150653.97		184424.28			
d Control number				9 Advance EIC payment			10 Dependent care benefits			
2308363								277		
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
Cheryl Richardson				146 13 Statutory Retirement Third-party			P 7079			
3330 Castaneda Drives					x			697		
West Maryville SD 37243-4438				14	Other (see enclosed Notice to I	mployee)	12c	1		
						D	969			
							12d			
							D	697		
f Employee's address and ZIP code								031		
15 State Employer's state ID		16 State wages, tips, etc.	17 State income tax	I	18 Local wages, tips, etc.	19	Local income t	ax	20 Locality name	
DE 412-1	9-276	101770.8	7151.9		179392.05		3387.01	Brown Avenue		
									†	
CO 465-5	7-717	101054.93	6249.34		180285.63 2		3658.16	Christina Neck		

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

