F	REISSUED	a Employee's socia	•			Safe	, Accurate,	e a			e IRS Website	
S	TATEMENT	71	.6-87-3527	OMB N	lo. 1545-	0008 FAS	T! Use	5	≁file	at www	.irs.gov/efile.	
b Employer identification number					1	1 Wages, tips, other compensation			Federal income tax withheld			
98-8627700						158661.13			38283.17			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Harrell-Solis PLC						143929.69			11010.62			
256 Samuel Meadows Suite 421 Longview WY 64890-4112					5 Medicare wages and tips				6 Medicare tax withheld			
					111595.17				3236.26			
Longview wi 04090-4112				7	7 Social security tips			8 Allocated tips				
						143929.69			111595.17			
d Control number					9					penefits		
1128016									128			
e Employee's first name and initial Last name				11	11 Nonqualified plans			12a See instructions for box 12				
Jennifer Gonzalez				250 13 Statutory Retirement Third-party				E 1741				
	04761 Ryan Summit Apt. 948				employee plan sick pay					755		
	Shawnchester LA 52128-3369					14 Other (see enclosed Notice to Employee)			12c			
								н	227			
									12d			
									G	947		
4 F	vee's address and ZIP cod	_						-		941		
15 State	/	Employer's state ID number 16 State wages, tips, etc. 17 State income tax		ļ	18 Local wages, tips, etc. 19		19 L	ocal income	tax	20 Locality name		
AL	948-23	-065	79868.98	7952.11		111825.58		30	669.6	4	Powell Light	
WA	476-68	476-68-568 84687.19 5982.43		150228.84 2		28	315.1		Corey Courts			

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.

D	EISSUED	ISSIFD a Employee's social security number This information is being furnished to the Internal Revenue Service. If you are requ								ce. If you are required			
	OMP No. 1545 000s to file a tax return, a negligence penalty or other sanction may be imposed												
	STATEMENT 716-87-3527 OMB N b Employer identification number				this income is taxable and you fail to report it. 1 Wages, tips, other compensation 2 Federal income tax withheld								
98-8627700						158661.13				38283.17			
00 00=1100						3 Social security wages			00200121				
c Employer's name, address, and ZIP code					3	1							
Harrell-Solis PLC 256 Samuel Meadows Suite 421 Longview WY 64890-4112						11010.62							
					5	6 Medicare tax withheld							
						3236.26							
					7	8 Allocated tips							
					143929.69			111595.17					
d Control number					9 Advance EIC payment			10 Dependent care benefits					
1128016								128					
e Employ	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12					
					250			E 1741					
	Jennifer Gonzalez				13 Statutory Retirement Third-party			12b	_				
					employee plan sick pay			120	1				
(04761 Ryan Summit Apt. 948					X X			755				
Shawnchester LA 52128-3369					14 Other (see enclosed Notice to Employee)			12c					
•	Shawhenester III 32123 3303								н	227			
									11 ZZ /				
									1				
								G 947					
f Employee's address and ZIP code													
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax				D Local income tax			20 Locality name		
AL	948-23	-065	79868.98	7952.11	111825.58		30	0669.64			Powell Light		
WA	476-68	476-68-568 84687.19 5982.43		150228.84 2		28	28315.1			Corey Courts			

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

