| F | REISSUED a Employee's social security number | | | | Safe, Accurate, | | | | | Visit the IRS Website | | | |
|---|--|----------|----------------------------|---------------------|--|-----------------------------------|-----------------|----------------------------|---------------------------------|--------------------------------|----------|-------------------|--|
| S | FATEMENT | 56 | 57-04-7675 | OMB N | o. 1545-0 | 008 F | AST! Use | | - Y III | le | at www.i | rs.gov/efile. | |
| b Emplo | b Employer identification number | | | | | 1 Wages, tips, other compensation | | | | Federal income tax withheld | | | |
| 26-5490091 | | | | | 73213.47 | | | | 2 | 26942.96 | | | |
| c Emplo | yer's name, address, and 2 | ZIP code | | | 3 Social security wages | | | | 4 | 4 Social security tax withheld | | | |
| Oliver, Lindsey and Cunningham LLC | | | | | 81036.59 | | | | 6 | 6199.3 | | | |
| 061 Davis Springs Suite 771 | | | | | 5 Medicare wages and tips | | | | 6 | 6 Medicare tax withheld | | | |
| | | | | | 64163.83 | | | | | 1860.75 | | | |
| Port Jesse WA 51766-1621 | | | | | 7 Social security tips | | | | 8 | 8 Allocated tips | | | |
| | | | | | 81036.59 | | | | | 64163.83 | | | |
| d Control number | | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | | |
| 4933658 | | | | | | | | | | | 202 | | |
| e Employee's first name and initial Last name | | | | | 11 Nonqualified plans | | | 12a | 12a See instructions for box 12 | | | | |
| | | | | | | 128 | | | | E 5391 | | | |
| Danielle Alexander 234 Victoria Streets New Maria ND 28409-0600 | | | | | 13 Statutory Retirement Third-party sick pay 14 Other (see enclosed Notice to Employee) | | | | 12b | | | | |
| | | | | | | | | | | E | 223 | | |
| | | | | | | | | | e) 12c | | i | | |
| | | | | | | | | | | E | 717 | | |
| | | | | | | | | | 12d | 12d | | | |
| | | | | | | | | | | P | 515 | | |
| f Emplo | vee's address and ZIP cod | 0 | | | | | | | | | 313 | | |
| 15 State | Employer's state ID nu | | 16 State wages, tips, etc. | 17 State income tax | | 18 Local w | vages, tips, et | c. 1 | 19 Local inc | come tax | | 20 Locality name | |
| WV | 823-26 | -209 | 39368.73 | 4732.23 | | 90210 | 90210.43 | | 11081.2 | | | Garcia Fall | |
| WI | 834-02 | -478 | 34683.11 | 3919.57 | | 79787 | 7.0 | - | 7680. | 19 | | Rodriguez Highway | |
| | | - | | | | | | l l | | - | | ,, | |

Wage and Tax

Form W-2 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.

| F | REISSUED a Employee's social security number | | | | This information is being furnished to the Internal Revenue Service. If you are required | | | | | | | |
|---|---|----------------------------|---------------------------------|---|--|---------------------------------|--------------|---------------------------------|-------------------|--|--|--|
| S | TATEMENT 567-04-7675 OMB N | | | 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 Emplo | oyer identification number | 1 \ | Vages, tips, other compensation | Federal income tax withheld | | | | | | | | |
| 26-5490091 | | | | | 73213.47 | 26942.96 | | | | | | |
| c Emplo | yer's name, address, and ZIP code | 3 Social security wages | | | 4 Social security tax withheld | | | | | | | |
| Oliver, Lindsey and Cunningham LLC | | | | | 81036.59 | | | 6199.3 | | | | |
| 061 Davis Springs Suite 771 | | | | 5 1 | Medicare wages and tips | 6 Medicare tax withheld 1860.75 | | | | | | |
| | | | | | 64163.83 | | | | | | | |
| Port Jesse WA 51766-1621 | | | | | Social security tips | 8 Allocated tips | | | | | | |
| | | | | | 81036.59 | 64163.83 | | | | | | |
| d Contro | d Control number | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | |
| | 4933658 | | | | | 202 | | | | | | |
| e Emplo | e Employee's first name and initial Last name | | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | |
| Danielle Alexander 234 Victoria Streets | | | | 128 | | | E 5391 | | | | | |
| | | | | 13 Statu | | 12b | | | | | | |
| | | | | emp | pyee plan sick pay | E | 223 | 223 | | | | |
| New Maria ND 28409-0600 | | | | | 14 Other (see enclosed Notice to Employee) | | | | | | | |
| | | | | | | | | 717 | | | | |
| | | | | | | 12d | | | | | | |
| | | | | | P | 515 | 515 | | | | | |
| f Emplo | oyee'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 | | _ocal income | e tax | 20 Locality name | | | |
| WV | 823-26-209 | 39368.73 | 4732.23 | | 90210.43 | | .1081.2 | | Garcia Fall | | | |
| wi | 834-02-478 | 34683.11 | 3919.57 | | 79787.0 | | 80.19 | ı | Rodriguez Highway | | | |

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

