REISSUE		cial security number			Safe,	Accurate,	RS O	H	Visit the	IRS Website	
STATEME	NT 5	527-29-1862	OMB N	No. 1545-00	DO8 FAST	Use		ile	at www.i	rs.gov/efile.	
b Employer identification number				1 \	1 Wages, tips, other compensation			Federal income tax withheld			
57-9130724					170168.23			31370.98			
c Employer's name, address, and ZIP code				3 5	3 Social security wages			4 Social security tax withheld			
Beard, Oconnor and Hernandez Ltd					157071.2			12015.95			
92310 Dalton Cliffs Suite 562				5 1				6 Medicare tax withheld			
East Joshua OR 35700-4683					194056.03			5627.62			
East Joshua OK 33700-4003				7 5	7 Social security tips			8 Allocated tips			
					157071.2			194056.03			
d Control number				9 /				enefits			
7017113					174						
e Employee's first name and initial Last name				11 1	11 Nonqualified plans			12a See instructions for box 12			
modd Giles				112				D 1622			
Todd Silva				13 Statutory Retirement Third-party employee plan sick pay			y <b>12</b> l	)	i		
1305 Chase Neck				X	T	X		D	903		
Gregoryborough CO 52719-2915					Other (see enclosed	Notice to Emplo	oyee) 120	;	ı		
								G	646		
								i	1		
								P	148		
f Employee's address	and ZIP code								- I		
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	x	20 Locality name	
IL 9	04-97-751	89805.35	4620.92		138549.	37	2844	9.43		Cabrera Streets	
wi 3	00-55-109	86366.57	6981.93		218575.	0	3061	2.06		Melissa Heights	

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 social security number				evenue Service. If you are required			
<b>STATEMENT</b> 527-29-1862	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 V	ages, tips, other compensation	2 Feder	2 Federal income tax withheld			
57-9130724		170168.23	3137	31370.98			
c Employer's name, address, and ZIP code	3 8	ocial security wages	4 Socia	4 Social security tax withheld			
Beard, Oconnor and Hernandez Ltd		157071.2	1201	12015.95			
92310 Dalton Cliffs Suite 562	5 N	ledicare wages and tips	6 Medic				
East Joshua OR 35700-4683		194056.03		5627.62			
East Joshua OR 33700-4663	7 8	ocial security tips	8 Alloca	8 Allocated tips			
		157071.2		194056.03			
d Control number	9 A	dvance EIC payment	10 Depe	10 Dependent care benefits			
7017113				174			
e Employee's first name and initial Last name	11 N	onqualified plans	12a See i	12a See instructions for box 12			
		112	D	1622			
Todd Silva	13 Statu		/ 12b				
1305 Chase Neck	emple	oyee plan sick pay	D	903			
Gregoryborough CO 52719-2915	14 0	other (see enclosed Notice to Emplo	oyee) 12c	<u> </u>			
Gregoryborough CO 52719-2915				CAC			
			12d	646			
			120	1			
			P	148			
f Employee's address and ZIP code							
	income tax	18 Local wages, tips, etc.	19 Local income to	ax 20 Locality name			
IL         904-97-751         89805.35         4620	. 92	138549.37	28449.43	Cabrera Streets			
WI 300-55-109 86366.57 6981	. 93	218575.0	30612.06	Melissa Heights			

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

