REISSUED a Employee's social	•			Safe, Accurate,	250	HIO	Visit the	IRS Website	
STATEMENT 06	8-01-2802	OMB N	o. 1545-00	008 FAST! Use	<b>G</b>	file	at www.ii	rs.gov/efile.	
<b>b</b> Employer identification number			1 \	Wages, tips, other compensation	2	Pedera	I income tax	withheld	
74-3885994				126070.69		1931	5.84		
c Employer's name, address, and ZIP code			3 8	Social security wages	4	Social	security tax	withheld	
Cunningham Ltd Inc				101579.78		7770.85			
7567 Robertson Drive Suite 871			5 Medicare wages and tips			6 Medicare tax withheld			
West Jose IL 27199-4417			- /	96961.51		2811.88			
West 003e III 2/139 441/			7 Social security tips			8 Allocated tips			
			_	101579.78			9696		
d Control number			9 /	Advance EIC payment	10	Depend	dent care be	enefits	
3761834							104		
e Employee's first name and initial Last name			11 1	Nonqualified plans	12	2a See in	structions 1	or box 12	
Ma Bablasa			256			8579			
Ms. Ashley 18904 Mitchell View			13 Statutory Retirement Third-party employee plan sick pay			2b	1		
						D 998			
Robertbury VA	22701-9025		14 (	Other (see enclosed Notice to Emplo	yee) 12	2c	1		
-						E	349		
					12	2d	1		
						D	732		
f Employee'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 Loca	Il income tax	(	20 Locality name	
AZ 904-52-177	65068.1	2124.02		93014.48	2155	55.31		Ryan Valleys	
NE 166-95-958	61988.51	3063.36		151677.49	1763	30.67		Smith Trail	

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.

	REISSUED	a Employee's socia	•		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if					
	TATEMENT	06	58-01-2802	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.					
<b>b</b> Employer identification number				1 Wages, tips, other compensation			Federal income tax withheld			
74-3885994				126070.69			19315.84			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Cunningham Ltd Inc				101579.78			7770.85			
7567 Robertson Drive Suite 871				5 Medicare wages and tips 96961.51 7 Social security tips			6 Medicare tax withheld 2811.88 8 Allocated tips			
West Jose IL 27199-4417										
d Control number			9 Advance EIC payment			10 Dependent care benefits				
3761834							104			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Ms. Ashley			256  13 Statutory Retirement Third-party			8579				
18904 Mitchell View				employee plan sick pay  14 Other (see enclosed Notice to Employee)			D 998			
Robertbury VA 22701-9025			12c				I			
			E 349							
								12d		
							D	D 732		
f Emplo 15 State	eyee's address and ZIP con Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	10	Local income ta		20
			9			9				20 Locality name
AZ	904-52	Z-T,/,/	65068.1	2124.02		93014.48	21	.555.31		Ryan Valleys
NE	166-95	5-958	61988.51	3063.36		151677.49	17	630.67		Smith Trail

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

