REISSUED a B	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Website								
STATEMENT	121-06-9188	OMB No	o. 1545-000	FAST! Us	e		e a	at www.irs	.gov/efile.			
b Employer identification number				1 Wages, tips, other compensation			2 Federal income tax withheld					
95-6592162			42747.4			1	14262.98					
c Employer's name, address, and ZIP of	code		3 Social security wages			4	4 Social security tax withheld					
Solomon, Ward and Stephens and Sons				48017.86			3673.37					
69128 Gregory Mountains				5 Medicare wages and tips				6 Medicare tax withheld				
Jonathanmouth NV 10064-2824			41345.9				1199.03					
DONACHAIMIOUCH NV 10004-2024				7 Social security tips			8 Allocated tips					
				48017.86			41345.9					
d Control number			9 Adv	vance EIC payment		10	•	nt care ben	efits			
6501510							223					
e Employee's first name and initial Last name			11 Nonqualified plans			12a	12a See instructions for box 12					
			297			н 7730						
Amanda Carr	Amanda Carrillo				13 Statutory Retirement Third-party employee plan sick pay							
11849 Jessica Extensions Apt. 699				plati	SICK Pay		8	812				
West Stanley DE 42281-7697				14 Other (see enclosed Notice to Employee)			1			,		
							D :	152				
						12d	12d					
							н	626				
f Employee's address and ZIP code							1			-		
15 State Employer's state ID number	er 16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, o	etc. 19	Docal inc	come tax	1	20 Locality	name		
ОН 162-89-2	250 20828.66	2457.44	!	50009.84 6		125.12		!	Tucker	Plaza		
AZ 916-99-5	21078.45	1624.0		50736.03		3321.9		1	Dorsey	Camp		

Wage and Tax

Form W-2 Statement

5010

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 soci	al security number		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							
S	TATEMENT	12	21-06-9188	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.							
b Employer identification number					1	Wages, tips, other compensation		Federal income tax withheld				
95-6592162					42747.4			14262.98				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Solomon, Ward and Stephens and Sons					48017.86			3673.37				
69128 Gregory Mountains					5 Medicare wages and tips			6 Medicare tax withheld				
						41345.9	1199.03					
Jonathanmouth NV 10064-2824				7 Social security tips			8 Allocated tips					
					48017.86			41345.9				
d Control number					9 Advance EIC payment			10 Dependent care benefits				
6501510								223				
e Employee's first name and initial Last name			11 Nonqualified plans 12a			12a S	a See instructions for box 12					
Amanda Carrillo				297			н 7730					
					13 State emp	utory Retirement Third-party loyee plan sick pay		12b	1			
11849 Jessica Extensions Apt. 699				X 812								
West Stanley DE 42281-7697				14	Other (see enclosed Notice to Employ	ree)	12c	ı				
							1	D 1	.52			
							İ	12d				
							1	н 6	626			
f Employee's address and ZIP code				Tra i i i	1.0.							
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		10 2000 110 200 110 110		9 Local income tax			20 Locality name	1
OH	162-89	9-250	20828.66	2457.44		50009.84 63		125.12			Tucker Pla	za
AZ	916-99	9-549	21078.45	1624.0		50736.03		321.9			Dorsey Ca	mp

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

