F	REISSUED	EISSUED a Employee's social security number Safe, A					afe, Accurate,	e a	w H		Visit the	IRS Webs	site	
S	TATEMENT	79	1-13-2099	OMB N	o. 1545-0	0008 F	AST! Use	J		e	at www.i	rs.gov/efile	€.	
b Employer identification number					1	1 Wages, tips, other compensation				2 Federal income tax withheld				
12-2271497						91526.28				11507.64				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld				
Zimmerman LLC Group					64470.82				4932.02					
9736 Clark Oval Apt. 444 Johnsonberg AR 06227-2791						5 Medicare wages and tips				6 Medicare tax withheld				
						108481.31				3145.96				
						7 Social security tips				8 Allocated tips				
						64470.82				108481.31				
d Control number						9 Advance EIC payment 10 Dependent care benefits					enefits			
	8624029								186					
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12					
Cynthia Yates 2137 Tammy Locks Apt. 345					115 13 Statutory Retirement Third-party			,	P 7445					
					employee plan sick pay					G	249			
Erictown ID 73825-7170						14 Other (see enclosed Notice to Employee)				12c				
										267				
									12d					
										G	141			
f Emplo	yee's address and ZIP cod	е									•			
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		3, , , , , , ,		19	9 Local income tax			20 Localit	y name	
VA	676-09	-573	46844.21	3570.49		88894.23 1		14	4220.9			Brown	Parks	
NJ	126-05	-890	45996.23	3691.6		88004.0		13	13328.71			Olivia	Trail	

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.

DEIS	SUED	a Employee's socia	al security number			This information is being furnis	hed to	the Internal Re	venue Serv	ice. If you a	re required		
_	OMP No. 1545 000s to file a tax return, a negligence						e pena	enalty or other sanction may be imposed on you if					
STATEMENT 791-13-2099 OMB No b Employer identification number					this income is taxable and you fail to report it. 1 Wages, tips, other compensation 2 Federal income tax withheld								
· ·						91526.28							
12-2271497							11507.64						
c Employer's name, address, and ZIP code						Social security wages	4 Social security tax withheld						
Zimmerman LLC Group						64470.82	4932.02						
9736 Clark Oval Apt. 444						Medicare wages and tips	Medicare tax withheld						
Johnsonberg AR 06227-2791						108481.31		3145.96					
					7 5	Social security tips		8 Allocated tips					
						64470.82		108481.31					
d Control number					9 /	dvance EIC payment	10 Dependent care benefits						
8624029								186					
e Employee's fi	first name and initial	Last name	9		11 1	lonqualified plans		12a See instructions for box 12					
						115		P 7445					
Суг	Cynthia Yates					tory Retirement Third-party	12b						
2137 Tammy Locks Apt. 345					empl	pyee plan sick pay		G	249				
Erictown ID 73825-7170						Other (see enclosed Notice to Employ	yee)	12c					
Ericlown ID /3025-/1/0								267					
									12d				
								120	ı				
								G 141					
f Employee's a	address and ZIP cod	е											
15 State En	mployer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		ocal income ta	20 Localit	y name			
VA	676-09	-573	46844.21	3570.49	88894.23		14	220.9		Brown	Parks		
NJ	126-05	-890	45996.23	3691.6		88004.0 1		.3328.71		Olivia	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

