REISSUED a Employee's social security number			Safe, Acc	urate,			Visit the IRS Wel	bsite		
STATEMENT 648-35-2274	OMB No	o. 1545-0008	FAST! Us	e e		le :	at www.irs.gov/ef	ile.		
b Employer identification number		1 Wag	ges, tips, other compe	ensation	2	Federal i	income tax withheld			
04-9439608		1	74247.34		3	0057	1.23			
c Employer's name, address, and ZIP code		3 Soci	al security wages		4	Social se	ecurity tax withheld			
Maldonado, French and Combs Group			205374.05				15711.11			
68179 Johnson Knoll			5 Medicare wages and tips				6 Medicare tax withheld			
76772 0202			217680.67				6312.74			
Elizabethburgh KS 76773-8323	7 Social security tips				8 Allocated tips					
		2	05374.05				217680.6	7		
d Control number		9 Adv	ance EIC payment		10	Depende	ent care benefits			
9793266							245			
e Employee's first name and initial Last name		<b>11</b> Non	qualified plans		12a	See inst	tructions for box 12	2		
			295			3805				
Danielle Wright		13 Statutory Retirement Third-party								
5696 Karen Square Suite 195		employee	e plan	x sick pay			808			
Mitchellville MO 17044-2977			er (see enclosed Noti	ce to Employee	) 12c	ı				
						н	726			
					12d	i i				
						E	216			
f Employee's address and ZIP code										
15 State Employer's state ID number 16 State wages, tips, etc.	17 State income tax	18	B Local wages, tips,	etc. 1	9 Local inc	come tax	20 Loca	ality name		
MT 516-13-416 93390.38	8223.98	2	26408.68	2	7851	.77	Amand	la Creek		
OK 492-91-931 86747.23	7675.29	2	11382.22	2	29485	.27	Harri	s Square		

Wage and Tax Statement

Form W-2

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.

R	EISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
ST	ATEMENT	64	48-35-2274	OMB N	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 Wages, tips, other compensation			2 Federal income tax withheld				
04-9439608				174247.34			30057.23				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Maldonado, French and Combs Group				205374.05			15711.11				
68179 Johnson Knoll				5 Medicare wages and tips			6 Medicare tax withheld				
Elizabethburgh KS 76773-8323				217680.67			6312.74				
				7 Social security tips			8 Allocated tips				
				205374.05			217680.67				
<b>d</b> Control	number				9	Advance EIC payment		10 Depend	lent care be	enefits	
!	9793266								245		
e Employee's first name and initial Last name		11 Nonqualified plans			12a See instructions for box 12						
Danielle Wright 5696 Karen Square Suite 195 Mitchellville MO 17044-2977			295 13 Statutory Retirement Third-party			3805					
			employee plan sick pay  14 Other (see enclosed Notice to Employee)			808					
						12c					
						н 726					
								12d			
							E 216				
	vee's address and ZIP coo		I to Out to the state	147 00010 100000		I do I and a series of	40.1	ocal income tax		100 1	
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.				20 Locality	
MT	516-13	3-416	93390.38	8223.98		226408.68	27	851.77		Amanda	Creek
ок	492-91	931	86747.23	7675.29		211382.22	29	485.27		Harris S	Square

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

