REISSUED a Employee's socia	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Web					
STATEMENT 56	51-16-3866	OMB No. 1	1545-0008	FAST! Use		**file	at www.irs.gov/efile.		
b Employer identification number			1 Wa	ges, tips, other compens	sation	2 Federa	I income tax withheld		
01-9121251			67432.49			8484.37			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld			
Gomez, Moss and Hanna Inc			79490.65			6081.03			
325 Brenda Flat Leonardchester WY 76946-1644			5 Medicare wages and tips			6 Medicare tax withheld			
				3471.96		1550.69			
Leonardchester WY 76946-1644				ial security tips		8 Allocated tips			
			7	79490.65			53471.96		
d Control number			9 Adv	ance EIC payment		10 Depen	dent care benefits		
244298							265		
e Employee's first name and initial Last name			11 Nonqualified plans 12a See instructions for box 7				structions for box 12		
Jennifer Black			122			2660			
			13 Statutory Retirement Third-party			12b			
16369 Lopez Key			X	e plan	sick pay	Н	469		
Thomasshire MN	84659-417	76	14 Oth	er (see enclosed Notice	to Employee)	12c	1		
Inomassific in 04035 4170						D	401		
						12d			
							475		
						H	475		
f Employee's address and ZIP code 15 State Employer's state ID number	16 State wages, tips, etc.	7 State income tax	11	8 Local wages, tips, etc	10	Local income ta:	20 Locality name		
OR 839-90-005	3.,,,,,,	3687.09		55851.93	-	2008.71	Diane Glen		
039-90-005	31003.29	0001.09	=	0001.90		2006.71	Diane Gien		
KS 985-05-116	31126.14	2816.49	62184.42		025.36	Case Knolls			

Wage and Tax Statement

Form W-2

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	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
STATEMENT	56	51-16-3866	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				Wages, tips, other compensation			2 Federal income tax withheld			
01-9121251				67432.49			8484.37			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Gomez, Moss and Hanna Inc				79490.65			6081.03			
325 Brenda Flat				5 Medicare wages and tips			6 Medicare tax withheld			
Leonardchester WY 76946-1644				53471.96			1550.69			
				7 Social security tips			8 Allocated tips			
			79490.65			53471.96				
d Control number				9 Advance EIC payment			10 Dependent care benefits			
244298							265			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Jennifer Black			122			2660				
			13 Statu		12	b				
16369 Lopez Key			empl	pyee plan sick pay		H	469			
Thomasshire MN 84659-4176			14 Other (see enclosed Notice to Employee)			12c				
Inomassifie PM 84839-4178							D	401		
						12		401		
						'-	·u	I		
								н 475		
f Employee's address and ZIP c		T	T.= • .		T				1	
15 State Employer's state ID		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		l income tax		20 Locality name	
OR 839-9	0-005	31605.29	3687.09		55851.93 1		12008.71		Diane Glen	
KS 985-0	5-116	31126.14	2816.49		62184.42	9025	.36		Case Knolls	

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

