| F | REISSUED | a Employee's socia | I security number | | | Safe, | Accurate, | | | Visit the | IRS Website | | |
|---|---|--------------------|----------------------------|---------------------|--|-----------------------------------|-----------|-------------|---------------------------------|------------------|------------------|--|--|
| S | TATEMENT | 32 | 2-95-0650 | OMB N | o. 1545-0 | 008 FAST | Use | et of | 116 | at www.i | rs.gov/efile. | | |
| b Employer identification number | | | | | 1 ' | 1 Wages, tips, other compensation | | | 2 Federal income tax withheld | | | | |
| 30-7874701 | | | | | 166418.47 | | | 4 | 45244.43 | | | | |
| c Employer's name, address, and ZIP code | | | | | 3 Social security wages | | | | 4 Social security tax withheld | | | | |
| Floyd-Soto PLC | | | | | 208840.73 | | | : | 15976.32 | | | | |
| 29566 Collins Divide | | | | | 5 Medicare wages and tips | | | | 6 Medicare tax withheld | | | | |
| | | | | | 141871.5 | | | | 4114.27 | | | | |
| , | Nicholasstad IN 84943-9449 | | | | | 7 Social security tips | | | | 8 Allocated tips | | | |
| | | | | | 208840.73 | | | | 141871.5 | | | | |
| d Contro | ol number | | | | 9 Advance EIC payment | | | 10 | 10 Dependent care benefits | | | | |
| 4808856 | | | | | | | | | 101 | | | | |
| e Employee's first name and initial Last name | | | | | 11 Nonqualified plans | | | 12a | 12a See instructions for box 12 | | | | |
| | | -1 | | | 278 | | | | 3232 | | | | |
| | Jennifer Chen | | | | 13 Statutory Retirement Third-party employee plan sick pay | | | | | | | | |
| | 5146 Davila Islands Apt. 741 Joseborough PA 55175-3161 | | | G | | | | | 501 | | | | |
| | | | | | 14 Other (see enclosed Notice to Employee) | | | | | 1 | | | |
| bosebolough FA 33173 3101 | | | | | | | | | | 250 | | | |
| | | | | | | | | | 12d | | | | |
| | | | | | | | | | | 000 | | | |
| | | | | | | | | | | 282 | | | |
| f Emplo 15 State | yee's address and ZIP cod- Employer's state ID nu | | 16 State wages, tips, etc. | 17 State income tax | <u> </u> | 18 Local wages, | tins etc | 19 Local in | ncome tax | , | 20 Locality name | | |
| WY | 523-87 | | 81554.82 | 3987.61 | | 137755. | · · | 26422 | | • | , i | | |
| MI | 323-67 | -562 | 01334.02 | 3901.01 | | 13//35. | 00 | 20422 | 14 | | Raven Station | | |
| PA | 740-34 | -030 | 75905.56 | 6231.7 | | 125411. | 07 | 18105 | 5.93 | | Ashley Viaduct | | |

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.

| 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 | STATEMENT 322-95-0650 OMB No. 1545-0008 to life a tax return, a negligence penalty or other sanction may be imposed on this income is taxable and you fail to report it. | | | | | | | e imposed on you ii | | | |
| b Employer identification number | | | | | Wages, tips, other compensation | | | Federal income tax withheld | | | |
| 30-7874701 | | | | | 166418.47 | | | 45244.43 | | | |
| c Employer's name, address, and ZIP code | | | | | 3 Social security wages | | | 4 Social security tax withheld | | | |
| Floyd-Soto PLC | | | | | 208840.73 | | | 15976.32 | | | |
| 29566 Collins Divide Nicholasstad IN 84943-9449 | | | | | 5 Medicare wages and tips | | | Medicare tax withheld | | | |
| | | | | | 141871.5 | | | 4114.27 | | | |
| | | | | | 7 Social security tips | | | 8 Allocated tips | | | |
| | | | | | 208840.73 | | | 141871.5 | | | |
| d Contro | d Control number | | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | |
| | 4808856 | | | | | | | | 101 | | |
| e Emplo | e Employee's first name and initial Last name | | | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | |
| | Jennifer Chen | | | | 278 | | | 3232 | | | |
| | Jennifer onen | | | | | 13 Statutory Retirement Third-party employee plan sick pay | | | 12b | | |
| | 5146 Davila Islands Apt. 741 | | | | x | | | G | | | |
| | Joseborough PA 55175-3161 | | | | | 14 Other (see enclosed Notice to Employee) | | | 12c | | |
| | Solve Side | | | | | | | 250 | | | |
| | | | | | | | | 12d | | | |
| | | | | | | | | | 282 | | |
| f Employee's address and ZIP code | | | | | | Lie i de la | 1.0 | | | Lag I III | |
| 15 State | Employer's state ID n | | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips, etc. | | ocal income tax | | 20 Locality name | |
| WY | 523-87 | 7-562 | 81554.82 | 3987.61 | | 137755.68 | 26 | 422.14 | | Raven Station | |
| PA | 740-34 | 1-030 | 75905.56 | 6231.7 | | 125411.07 | 18 | 105.93 | | Ashley Viaduct | |

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

