F	REISSUED a Employee's social security number				Safe, Accurate,				Visit the IRS Website				
S	TATEMENT	85	66-80-1032	OMB N	o. 1545-0	008 FAS	T! Use	<u></u>			at www.ii	rs.gov/efile.	
b Emplo	yer identification number				1 Wages, tips, other compensation				Federal income tax withheld				
50-5724394					213938.59				68534.99				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Blevins-Hoffman LLC					207243.63				15854.14				
7039 Rebecca Mall					5 Medicare wages and tips				6 Medicare tax withheld				
	New Lauraburgh UT 49319-3181					227164.73				6587.78			
New Lauraburgh UT 49319-3181					7 Social security tips				8 Allocated tips				
					207243.63				227164.73				
d Control number					9 Advance EIC payment				10 Dependent care benefits				
3535562									225				
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
						154			E 6974				
	Allison Alexander				13 Statutory Retirement Third-party employee plan sick pay				12b	i			
	66488 Isabella Well Apt. 315 Leonmouth KS 51894-2874					X X 14 Other (see enclosed Notice to Employee)				D	961		
										12c			
Leonmodeli KS 31094 2074											496		
									12d				
										G	380		
f Employee's address and ZIP code								-	9 300				
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wage:	s, tips, etc.	19 L	ocal incor	ne tax		20 Locality name	
MA	057-45	-642	102970.28	11217.11		166249	.19	34	672.	56		Deborah Expressway	
								T					
AK	056-33	056-33-128 98217.19 8371.09			170969.13			24	24601.95			Hatfield Plaza	

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 social security number This information is being furnished to the Internal Revenue Service. If you are											
S	TATEMENT	8.	56-80-1032	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				
50-5724394						213938.59			68534.99			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Blevins-Hoffman LLC					207243.63			15854.14				
7039 Rebecca Mall						Medicare wages and tips		6 Medicare tax withheld				
New Lauraburgh UT 49319-3181						227164.73		6587.78				
					7	Social security tips		8 Allocated tips				
						207243.63		227164.73				
d Control number					9 Advance EIC payment			10 Dependent care benefits				
	3535562								225			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
	Allison Alexander 66488 Isabella Well Apt. 315					154			E 6974			
,						utory Retirement Third-party loyee plan sick pay		12b	1			
						x x			D 961			
Leonmouth KS 51894-2874					14	Other (see enclosed Notice to Employe	ee)	12c				
								496				
									1			
							_	G	380			
f Employee's address and ZIP code										1		
15 State	Employer's state ID n		16 State wages, tips, etc.	17 State income tax		1.0		ocal income ta	x	20 Locality name		
MA	057-45	5-642	102970.28	11217.11		166249.19	34	672.56		Deborah Expressway		
AK	056-33	3-128	98217.19	8371.09		170969.13	24	601.95		Hatfield Plaza		

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

