| F | REISSUED | a Employee's socia | al security number | | | Safe | , Accurate, | Re | AH A | Visit the | IRS Website | | |
|---|----------------------------|--------------------|----------------------------|-------------------------------------|---|-----------------------------------|-------------|---------------------------------|--------------------------------|--------------|------------------|--|--|
| S | TATEMENT | 53 | 35-28-6375 | OMB | No. 1545-0 | 008 FAS | T! Use | | file | at www.i | rs.gov/efile. | | |
| b Employer identification number | | | | | 1 | 1 Wages, tips, other compensation | | | 2 Federal income tax withheld | | | | |
| 43-3955536 | | | | | | 233118.93 | | | 41651.27 | | | | |
| c Emplo | yer's name, address, and 2 | ZIP code | | | 3 | 3 Social security wages | | | 4 Social security tax withheld | | | | |
| Blankenship-Nguyen PLC | | | | | | 284375.68 | | | 21754.74 | | | | |
| | 90889 Elija | h Prairie | 1 | | 5 | Medicare wages | • | | 6 Medica | re tax withh | | | |
| Jasonfurt OK 72108-8767 | | | | | | 296240.91 | | | | 8590.99 | | | |
| | Jasoniurt O | K /2108-8 | 101 | | 7 | 7 Social security tips | | | 8 Allocated tips | | | | |
| d Control number | | | | | | 284375.68 | | | 296240.91 | | | | |
| d Contro | ol number | | | | 9 | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | |
| | 3754213 | | | | | 1 | | | | 113 | | | |
| e Employee's first name and initial Last name | | | | 11 | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | | |
| | | | | | | 176 | | | 5277 | | | | |
| Crystal Guzman 4329 Evans Roads | | | | 13 Statutory Retirement Third-party | | | у | 12b | | | | | |
| | | | | | X plan sick pay 14 Other (see enclosed Notice to Employee) | | | | | | | | |
| Rodriguezton RI 90568-8943 | | | | | | | | 14 | 12c | | | | |
| Rodriguezcon ki 90308-6943 | | | | | | | | Н | 334 | | | | |
| | | | | | | | | 12d | | | | | |
| | | | | | | | | | | 452 | | | |
| | yee's address and ZIP cod | | Transis is in | Transition in | | T.o. | | 1.0 | | | Lan I II | | |
| 15 State | Employer's state ID nu | | 16 State wages, tips, etc. | 17 State income ta | X | 18 Local wage | | | ocal income tax | | 20 Locality name | | |
| NM | 709-92 | -434 | 108770.48 | 7958.41 | | 246643 | . 69 | 328 | 304.71 | | Amanda Rue | | |
| MN | 922-64 | -031 | 118492.55 | 8350.3 | | 289688 | . 22 | 277 | 702.65 | | Donald Station | | |

Wage and Tax Statement 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.

| F | REISSUED | a Employee's socia | al security number | | | This information is being furnish | | | | | |
|--|------------------------------|--------------------|----------------------------|---|---|-----------------------------------|---------------------------------|---------------------------------|-----|------------------|--|
| S | TATEMENT | 53 | 35-28-6375 | 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 | | | |
| 43-3955536 | | | | | 233118.93 | | | 41651.27 | | | |
| c Employer's name, address, and ZIP code | | | | | 3 Social security wages | | | 4 Social security tax withheld | | | |
| Blankenship-Nguyen PLC | | | | | 284375.68 | | | 21754.74 | | | |
| 90889 Elijah Prairie | | | | 5 Medicare wages and tips 296240.91 | | | 6 Medicare tax withheld 8590.99 | | | | |
| _ | | | | | | | | | | | |
| | Jasonfurt C | K 72108-8 | 3767 | | 7 Social security tips | | | 8 Allocated tips | | | |
| | | | | | 284375.68 | | | 296240.91 | | | |
| d Contro | ol number | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | |
| | 3754213 | | | | | | | 113 | | | |
| e Emplo | yee's first name and initial | Last name | 9 | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | |
| | Crystal Guzman | | | | 176 13 Statutory Retirement Third-party | | | 5277 | | | |
| 4329 Evans Roads | | | | mployee plan sick pay X Other (see enclosed Notice to Employee) | | | 683 | | | | |
| Rodriguezton RI 90568-8943 | | | | | | | 12c | | | | |
| | | | | | | | н 334 | | | | |
| | | | | | | ļ | | | 12d | | |
| | | | | | | | | 452 | | | |
| | oyee's address and ZIP coo | | Transition is a | Language and the second | | | | | | I a a | |
| 15 State | Employer's state ID no | | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips, etc. | | cal income tax | | 20 Locality name | |
| NM | 709-92 | 2-434 | 108770.48 | 7958.41 | | 246643.69 | 328 | 04.71 | | Amanda Ru | |
| MN | 922-64 | -031 | 118492.55 | 8350.3 | | 289688.22 | 277 | 02.65 | | Donald Statio | |

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

