REISSUED a Employee's social secur STATEMENT 351-9	ty number 1-6332	OMB No. 1	545-0008	Safe, Accur FAST! Use	ate,	~file	Visit the IRS Website at www.irs.gov/efile.	
b Employer identification number 94-2653045	1	-	tips, other compens	sation	2 Federal income tax withheld 50844.75			
c Employer's name, address, and ZIP code Horn, Freeman and Fuentes Inc 39177 Nixon Mountains Suite 684 Mathisland RI 11176-7653				7009.92 e wages and tips		4 Social security tax withheld 13541.26 6 Medicare tax withheld 6081.66		
d Control number		7 Social security tips 177009.92 9 Advance EIC payment			8 Allocated tips 209712.44 10 Dependent care benefits			
9328262 e Employee's first name and initial Last name				lified plans		213		
Jodi Reid 3353 Harrington Plain Apt. 138				7	Third-party sick pay	4483 E 147		
East Kaylaville MT 99223-4853			4 Other (s	ee enclosed Notice	to Employee)	12c	119	
f Employee's address and ZIP code 15 State Employer's state ID number 16 St	ate wages, tips, etc. 17	State income tax	18 Lo	ocal wages, tips, etc	c. 19	Local income tax	20 Locality name	
MI 784-08-346 792	205.6 78	303.2	115	5840.03	22	2016.99	Davis Shoals	
NJ 047-18-627 794	148.46 80	33.01	194	1053.49	24	4724.54	Perez Canyon	

Wage and Tax

5070 **Statement** Form W-2

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 social	security number								vice. If you are required													
STATEMENT	35	1-91-6332	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														
94-2653045					162066.01				50844.75														
c Employer's name, address, and ZIP code				3 Social security wages			4	4 Social security tax withheld															
Horn, Freeman and Fuentes Inc					177009.92			13541.26															
39177 Nixon Mountains Suite 684 Mathisland RI 11176-7653				5 Medicare wages and tips 209712.44 7 Social security tips				6 Medicare tax withheld 6081.66 8 Allocated tips															
																177009.92				209712.44			
											d Control number				9 A	9 Advance EIC payment			10 Dependent care benefits				
9328262								213															
e Employee's first name and initial Last name				11 Nonqualified plans			12	12a See instructions for box 12															
			137				4483																
Jodi Re:	Ld			13 Statu	,	Third-party	12	!b	1														
3353 Harrington Plain Apt. 138				employee plan sick pay				E 147															
East Kav	Laville M	т 99223-	-4853	14 (Other (see enclosed No	tice to Employ	ree) 12	!c	İ														
							724																
							12	!d															
									119														
f Employee's address and ZIP	aada						-		119														
5 State Employer's state II		16 State wages, tips, etc.	17 State income tax	I	18 Local wages, tips,	etc.	19 Loca	l income ta	ıx	20 Locality name													
MI 784-	08-346	79205.6	7803.2		115840.03		2201	6.99		Davis Shoals													
NJ 047-	L8-627	79448.46	8033.01		194053.49		2472	4.54		Perez Canyon													

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

