F	REISSUED a Employee's social security number				Safe, Accurate,				Visit the IRS Website				
S	<b>FATEMENT</b>	374-59-0391			OMB No. 1545-0008				at www.irs.gov/efile.				
<b>b</b> Employer identification number					1 Wages, tips, other compensation			2	2 Federal income tax withheld				
82-1284098						88798.14			29259.09				
<b>c</b> Emplo	yer's name, address, and 2	ZIP code			3 5	3 Social security wages				4 Social security tax withheld			
Fernandez-Mason PLC						70650.69			5404.78				
562 Summers Mills Suite 675					5 1	l				6 Medicare tax withheld			
	South Cynthiamouth NH 29645-0625					112023.34				3248.68			
South Cynthiamouth NH 29045-0025					7 3	7 Social security tips				8 Allocated tips			
						70650.69			112023.34				
<b>d</b> Contro					9 /	9 Advance EIC payment			10 Dependent care benefits				
5839633									190				
e Employee's first name and initial Last name					11 1	11 Nonqualified plans			12a See instructions for box 12				
Olimia Glant						168			9414				
	Olivia Clark					13 Statutory Retirement Third-party employee plan sick pay				12b			
070 Thomas Springs West Christopher OR 49861-207					Cinp					н 536			
					14 (	14 Other (see enclosed Notice to Employee)				1			
										595			
									12d				
										351			
f Employee's address and ZIP code													
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income to	ax	18 Local wages, tips,	etc.	19 Local in	come tax	:	20 Locality name		
ND	912-53	-562	42272.71	4649.12		67315.0		10584	.15		Burgess Fords		
WI	068-43	-900	45204.33	4347.63		111391.22		10231	93		Bradley Lane		
			1	·		1		L					

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 social 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	<b>STATEMENT</b> 374-59-0391 OM			this income is taxable and you fail to report it.									
b Employer identification number					1 \	1 Wages, tips, other compensation			Federal income tax withheld				
82-1284098						88798.14			29259.09				
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld				
Fernandez-Mason PLC						70650.69			5404.78				
562 Summers Mills Suite 675						5 Medicare wages and tips				6 Medicare tax withheld			
						112023.34				3248.68			
	South Cynthiamouth NH 29645-0625					7 Social security tips			8 Allocated tips				
						70650.69			112023.34				
d Control number					9 /	9 Advance EIC payment			10 Dependent care benefits				
	5839633						190						
e Emplo	yee's first name and initial	11 1	11 Nonqualified plans			12a See instructions for box 12							
Olivia Clark 070 Thomas Springs West Christopher OR 49861-207					13 Statu	168  13 Statutory Retirement Third-party			9414				
						employée plan sick pay			Н	536			
					14 (	Other (see enclosed Noti	ce to Employ	ree)	12c	ĺ			
									D	595			
									12d	1			
									351				
f Employee's address and ZIP code  15 State Employee's state ID number 16 State wages, tips, etc. 17 State income tax					hav	18 Local wages, tips,	ato.	10.10	cal income tax	,	20 Locality name		
			9		ιαλ	9	710.				,		
ND	912-53	5-562	42272.71	4649.12		67315.0 1		102	10584.15		Burgess Fords		
WI	068-43	3-900	45204.33	4347.63		111391.22		102	231.93		Bradley Lane		

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

