REISSUED	a Employee's socia	•			Safe	Accurate,	IRS 1	zelle.		IRS Website		
STATEMENT	00	01-24-8632	OMB N	o. 1545-00	08 FAS	Γ! Use	J	file	at www.	irs.gov/efile.		
b Employer identification number				1 V	1 Wages, tips, other compensation				2 Federal income tax withheld			
67-2129568					160647.78				37961.45			
c Employer's name, address, a	d ZIP code			3 Social security wages				4 Social security tax withheld				
Jensen, Fernandez and Fleming Ltd				175572.84				13431.32				
3308 Vance Motorway Suite 787				5 Medicare wages and tips				6 Medicare tax withheld				
North Dean KY 43326-1807				133449.91 7 Social security tips				3870.05 8 Allocated tips				
				175572.84				133449.91				
d Control number				9 Advance EIC payment				10 Dependent care benefits				
1528522									117			
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12				
T 66				225				D 8688				
Jeffery Wyatt				13 Statutory Retirement Third-party employee plan sick pay				12b	1			
750 Stephanie Drive Apt. 976				x x				G 288				
Lake Kevin OK 93724-7651				14 Other (see enclosed Notice to Employee)				12c	i			
								G	960	960		
							12d	1				
								G	901			
f Employee's address and ZIP		T	T.= -		T					T		
15 State Employer's state ID		16 State wages, tips, etc.	17 State income tax		18 Local wages			ocal income		20 Locality name		
UT 635-7	1-153	73341.54	7315.95		206902.	97	310	050.1	3	Cooper Inlet		
CA 609-5	9-978	80500.34	10013.83		150374.	24	272	231.9	9	Cassandra Bridge		

Wage and Tax Statement

Form W-2

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.

R	EISSUED	a Employee's socia	al security number								ice. If you are required	
ST	ATEMENT	0.0	1-24-8632	OMB	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 Employe	b Employer identification number				1 \	,			2 Federal income tax withheld			
67-2129568					160647.78			37961.45				
c Employer's name, address, and ZIP code				3 3	3 Social security wages			4 Social security tax withheld				
Jensen, Fernandez and Fleming Ltd					175572.84			13431.32				
3308 Vance Motorway Suite 787				5 1	- manager and apr			6 Medicare tax withheld				
North Dean KY 43326-1807					133449.91				3870.05			
North Dean RI 45520-1607				7 3	7 Social security tips				8 Allocated tips			
					175572.84			133449.91				
d Control	d Control number				9 /	9 Advance EIC payment			10 Dependent care benefits			
1528522									117			
e Employee's first name and initial Last name				11 1	11 Nonqualified plans			12a See instructions for box 12				
					225			D 8688				
Jeffery Wyatt				13 Statu			12b		1			
750 Stephanie Drive Apt. 976					employee plan sick pay			G	G 288			
Т	Lake Kevin OK 93724-7651				14 (14 Other (see enclosed Notice to Employee)				12c		
date hevin on 33724 7031									960			
								12d				
									G	901		
f Employe	ee's address and ZIP cod	۵								701		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income ta	ax	18 Local wages, ti	os, etc.	19 Local in	ncome ta	х	20 Locality name	
UT	635-71	-153	73341.54	7315.95		206902.9	7	31050	.13		Cooper Inlet	
CA	609-59	1_070	80500.34	10013.83		150374.2	1	27231	90	=== =====		
CA	009-39	,-310	00500.54	10013.63	1	1503/4.2	4	21231	99		Cassandra Bridge	

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

