REISSUED	a Employee's socia	l security number			Sa	fe, Accurate,	RCO _ G	7	Visit the	IRS Website		
STATEMENT	31	.6-24-5828	OMB	No. 1545-0	008 FA	ST! Use	rse of	116	at www.i	rs.gov/efile.		
b Employer identification number				1	Wages, tips, other compensation			Federal income tax withheld				
76-1194257					178857.05			59744.37				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Rodriguez, Cox and Mullen LLC					220535.2			16870.94				
36127 Amanda Common Apt. 875					5 Medicare wages and tips			6 Medicare tax withheld				
Cervanteshaven NE 16999-1181					133423.46				3869.28			
Cervancesnaven NE 10999-1101					7 Social security tips			8 Allocated tips				
					220535.2			133423.46				
d Control number				9	9 Advance EIC payment			10 Dependent care benefits				
8932531									258			
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12				
					245			н 3268				
Julian Cunningham					13 Statutory Retirement Third-party employee plan sick pay				i			
5725 Smith Groves Suite 723					X X			P	362			
New Jord	14	Other (see enclo	osed Notice to Emplo	oyee) 12c		I						
		IN 50242						G	835			
							12d		1			
									970			
f Employee's address and ZIP		1										
15 State Employer's state I		16 State wages, tips, etc.	17 State income tax	(18 Local wag	· · · · ·	19 Local in		(20 Locality name		
RI 516-	90-245	82560.03	7476.91		221997	.25	30310	.54		David Streets		
UT 982-	40-082	81185.42	6356.12		222641	11	21734	1.24		Copeland Mountain		

Wage and Tax

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.

REISSUED a Employee's social security number	This information is being furnished to the Internal Revenue Service. If you are required								
STATEMENT 316-24-5828	OMB No. 1545-0	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 Federa	2 Federal income tax withheld					
76-1194257		178857.05	5974	59744.37					
c Employer's name, address, and ZIP code	3	Social security wages	4 Social	4 Social security tax withheld					
Rodriguez, Cox and Mullen LLC		220535.2	1687	16870.94					
36127 Amanda Common Apt. 875	5	Medicare wages and tips	6 Medica	• modicare tax mamera					
Cervanteshaven NE 16999-1181		133423.46		3869.28					
Cervanceshaven NE 10999-1101	7	Social security tips	8 Alloca	8 Allocated tips					
		220535.2		133423.46					
d Control number	9	Advance EIC payment	10 Deper	10 Dependent care benefits					
8932531				258					
e Employee's first name and initial Last name	11	Nonqualified plans	12a See ir	12a See instructions for box 12					
Tullian Constitution		245	н	н 3268					
Julian Cunningham	13 State		y 12b	_					
5725 Smith Groves Suite 723	X	oyee plan sick pay	P	P 362					
New Jordanside IN 50242-361	14	Other (see enclosed Notice to Emplo	oyee) 12c	i					
			G	835					
			12d						
				970					
f Employee's address and ZIP code									
15 State Employer's state ID number 16 State wages, tips, etc. 17 State	income tax	18 Local wages, tips, etc.	19 Local income ta	x 20 Locality name					
RI 516-90-245 82560.03 7476	5.91	221997.25	30310.54	David Streets					
UT 982-40-082 81185.42 6356	5.12	222641.11	21734.24	Copeland Mountain					

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

