REISSUED a Employee's social security number	Safe, Accurate, Visit the IRS Website						
STATEMENT 035-21-5335	OMB No. 1545-0008 FAST! Use at www.irs.gov/efile.						
<b>b</b> Employer identification number	1 Wages, tips, other compensation 2 Federal income tax withheld						
15-3121130	206957.96 27160.34						
c Employer's name, address, and ZIP code	3 Social security wages 4 Social security tax withheld						
Williams-Hernandez LLC	252362.15 19305.7						
792 Rodriguez Point Apt. 815	5 Medicare wages and tips 6 Medicare tax withheld						
Lake Caitlinchester NH 43897-6199	205205.6 5950.96						
Lake Caltifichester NH 43697-6199	7 Social security tips 8 Allocated tips						
	252362.15 205205.6						
d Control number	9 Advance EIC payment 10 Dependent care benefits						
7878223	258						
e Employee's first name and initial Last name	11 Nonqualified plans 12a See instructions for box 12						
_ , _,	197 E 6138						
Sarah Alexander	13 Statutory Retirement Third-party 12b						
3827 Bryan Ramp	employee plan sick pay  X E 913						
Laurenstad CA 73325-3459	14 Other (see enclosed Notice to Employee) 12c						
Hadrenstad on 75525 5455	783						
	12d						
	556						
	356						
f Employee's address and ZIP code  15 State Employer's state ID number 16 State wages, tips, etc. 17 State is	ncome tax						
MO 896-03-857 111806.29 5833							
MN 655-56-162 103510.47 5605	.94 265599.89 40850.52 Guerrero Cree						

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.

RF	EISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required								
	ATEMENT	03	35-21-5335	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 Employer identification number				1 V					2 Federal income tax withheld				
15-3121130					206957.96			27160.34					
c Employer's name, address, and ZIP code				3 8	3 Social security wages			4 Social security tax withheld					
Williams-Hernandez LLC					252362.15			19305.7					
792 Rodriguez Point Apt. 815 Lake Caitlinchester NH 43897-6199					5 Medicare wages and tips				6 Medicare tax withheld				
					205205.6				5950.96				
					7 Social security tips				8 Allocated tips				
					252362.15				205205.6				
d Control number					9 A	9 Advance EIC payment			10 Dependent care benefits				
7	7878223								258				
e Employe	e Employee's first name and initial Last name			11 N	11 Nonqualified plans			12a See instructions for box 12					
Sarah Alexander				197				E 6138					
				13 Statu		Third-party		12b					
3827 Bryan Ramp					employee plan sick pay				E	913			
					14 Other (see enclosed Notice to Employee)			/ee)	12c				
Laurenstad CA 73325-3459													
								783					
									12d	I			
								556					
f Employe	ee's address and ZIP cod	е											
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,	etc.	19 Lo	cal income tax	:	20 Locality name		
MO	896-03	-857	111806.29	5833.03		177142.44		230	21.3		Norman Ridge		
MN	655-56	-162	103510.47	5605.94		265599.89		408	350.52		Guerrero Creek		

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

