| F | REISSUED a Employee's social security number | | | | Safe, Accurate, | | | | | | t the II | RS Website | |
|--|--|------|----------------------------|---------------------|--|--|---------------|----------|-------------------------------|--------------------------------|------------|------------------|--|
| S | TATEMENT | 75 | 50-12-2109 | OMB | No. 1545- | 0008 FAS | T! Use | U | 7 1110 | at w | ww.irs | s.gov/efile. | |
| b Employer identification number | | | | | 1 | 1 Wages, tips, other compensation | | | 2 Federal income tax withheld | | | | |
| 53-7041485 | | | | | | 208685.32 | | | | 68672.57 | | | |
| c Employer's name, address, and ZIP code | | | | | | 3 Social security wages | | | | 4 Social security tax withheld | | | |
| Ellis, Nguyen and Hart Ltd | | | | | | 230563.34 | | | | 17638.1 | | | |
| 5635 Dickerson Skyway Suite 264 Mossmouth CA 98222-2989 | | | | | 5 Medicare wages and tips | | | | 6 Medicare tax withheld | | | | |
| | | | | | | 162400.68 | | | | 4709.62 | | | |
| | | | | | 7 | | | | 8 Allocated tips | | | | |
| | | | | | | 230563.34 | | | 162400.68 | | | | |
| | ol number | | | | 9 | Advance EIC pay | ment | | 10 De | ependent c | | nefits | |
| | 9447120 | | | | | | | | 221 | | | | |
| e Employee's first name and initial Last name | | | | | 11 Nonqualified plans 12a See instructions for bo | | | | | or box 12 | | | |
| Tami Bowers 7468 Louis Fall Danielleborough IA 03865-7912 | | | | | 171 | | | | 7230 | | | | |
| | | | | | 13 Statutory Retirement Third-party employee plan sick pay | | | | 12b | 1 | | | |
| | | | | | x | | | | Ι | 88 | 37 | | |
| | | | | | 14 | 14 Other (see enclosed Notice to Employee) | | | | 1 | | | |
| | | | | | 1 | | | | c | 76 | 54 | | |
| | | | | | | | | 12d | | | | | |
| | | | | | | | | | c | 29 |) E | | |
| f Emplo | vee's address and ZIP cod | • | | | | | | | | 2 2 | ,,, | | |
| 15 State | Employer's state ID nu | | 16 State wages, tips, etc. | 17 State income tax | (| 18 Local wage | s, tips, etc. | 19 (| _ocal incom | ie tax | | 20 Locality name | |
| ОН | 538-54 | -061 | 111004.8 | 4255.81 | | 270012.0 2 | | 24 | 24235.49 | | | John Stravenue | |
| | | | 1.000.1 | - 400 00 | | | | 1 | | | | | |
| IL | L 728-51-523 107241.39 5488.99 | | | | 263009.55 23 | | | 21047.41 | | | Hall Track | | |

Wage and Tax Statement

Form W-2

5070

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 | | | | | 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 | | | | | | | | |
|--|--|-------------------------|-----------|-------------------------------|--|--|------|-------------------------------------|---------------------------------|---------------------------------|------|----------------|--|
| ST | STATEMENT 750-12-2109 OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be imposed on this income is taxable and you fail to report it. | | | | | | | | e imposed on you ii | | | | |
| b Employer identification number | | | | | | 1 Wages, tips, other compensation | | | | 2 Federal income tax withheld | | | |
| 53-7041485 | | | | | | 208685.32 | | | | 68672.57 | | | |
| c Employ | er's name, address, and | 3 Social security wages | | | | 4 Social security tax withheld | | | | | | | |
| E | Ellis, Nguy | 230563.34 | | | | 17638.1 | | | | | | | |
| 5635 Dickerson Skyway Suite 264 | | | | | | 5 Medicare wages and tips 162400.68 | | | | 6 Medicare tax withheld 4709.62 | | | |
| | | | | | | | | | | | | | |
| | | | | | 230563.34 | | | 162400.68 | | | | | |
| d Control number | | | | | 9 Advance EIC payment | | | | 10 Dependent care benefits | | | | |
| 9 | 9447120 | | | | | | | | | | 221 | | |
| e Employ | e Employee's first name and initial Last name | | | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | |
| Tami Bowers 7468 Louis Fall | | | | | | 171 | | | | 7230 | | | |
| | | | | | | 13 Statutory Retirement Third-party | | | | | | | |
| | | | | | | employee plan sick pay | | | | D | 887 | | |
| Danielleborough IA 03865-7912 | | | | | 14 Other (see enclosed Notice to Employee) | | | | 12c | | | | |
| | | | | | | | | | | G | 764 | | |
| | C. Farsh and a Marcon 1710 and a | | | | | | | ŀ | 12d | | 1.0- | | |
| | | | | | | | | | | G | 295 | | |
| f Familian | | | | | | | | ŀ | | G | 295 | | |
| 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 | | | 19 L | 9 Local income tax 20 Locality name | | | | | |
| ОН | 538-54 | 1-061 | 111004.8 | 4255.81 | | 270012.0 | | 24 | 235 | . 49 | | John Stravenue | |
| IL | 728-51 | L-523 | 107241.39 | 5488.99 | | 263009.5 | 5 | 21 | 047 | . 41 | | Hall Track | |

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

