R	REISSUED	a Employee's socia	l security number			Sa	afe, Accurate,	200	HIO	Visit the	IRS Website	
ST	TATEMENT	22	6-58-9377	OMB N	o. 1545-0	008 F /	AST! Use	<i>G</i>	file	at www.i	rs.gov/efile.	
b Employ	yer identification number				1	Wages, tips, ot	her compensation	2	Federa	al income ta	x withheld	
26-9124529					112295.34				32537.12			
c Emplo	yer's name, address, and 2	ZIP code			3	Social security	wages	4	Social	security tax	withheld	
	Cooper-Hern	andez and	Sons			13509	0.35		1033	4.41		
	46783 Kenne	th Alley	Suite 589		5	Medicare wage	•	(Medica	are tax withh		
East Tammyview SD 36405-7971				89806.37				2604.38				
East Tammyview SD 36405-7971				7 Social security tips				8 Allocated tips				
						13509				8980		
d Contro					9	Advance EIC p	ayment	10	Depen	dent care be	enefits	
	3630610									142		
e Emplo	yee's first name and initial	Last name		•	11	Nonqualified pl	ans	1:	a See in	structions	for box 12	
	n: 1 1 4			149				2370				
	Richard Mo	ore			13 Stat	utory Re loyee pla	tirement Third-party	/ 1:	2b	1		
	04263 Cale	b Missio	n Apt. 244		X	¬' —			H	178		
	North Jeff	ery HI	83058-6384		14	Other (see enc	losed Notice to Emplo	yee) 1	?c	1		
									D	793		
								12	2d	1		
										976		
	yee's address and ZIP cod							_				
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax			ges, tips, etc.		I income ta		20 Locality name)
KY	902-80	-841	58411.07	2373.65		87477	.23	1332	25.69		Nguyen Garde	ens
WY	165-13	-505	52436.46	3566.35		12878	5.0	2133	32.96		Aaron Bypa	ıss

Wage and Tax
Form W-2 Statement

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 s	ocial security number			This information is being furnis						
STATEMENT	STATEMENT 226-58-9377 OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be imposed on you this income is taxable and you fail to report it.										
b Employer identification number					Wages, tips, other compensation		2 Federal income tax withheld				
26-9124529					112295.34		32537.12				
c Employer's name, address, and ZIP code Cooper-Hernandez and Sons					Social security wages		4 Social security tax withheld 10334.41				
					135090.35						
46783 Kenneth Alley Suite 589				5	Medicare wages and tips		6 Medicare tax withheld				
					89806.37		2604.38				
East Tammyview SD 36405-7971				7 Social security tips			8 Allocated tips				
					135090.35		89806.37				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
3630610								142			
e Employee's first name and initial Last name Richard Moore 04263 Caleb Mission Apt. 244				11 Nonqualified plans			12a See instructions for box 12				
				13 Stat	149 utory Retirement Third-party loyee plan sick pay		2370				
				X X X			H	178			
North Jeffery HI 83058-6384					14 Other (see enclosed Notice to Employee)			12c			
Notice deficity in obotio obot							D	793			
						ŀ	12d				
								976			
f Employee's address and ZI State Employer's state		16 State wages, tips, etc.	17 State income tax	l	18 Local wages, tips, etc.	19 L	ocal income tax		20 Locality name		
	80-841	58411.07	2373.65		87477.23	13	325.69		Nguyen Garder		
WY 165-	13-505	52436.46	3566.35		128785.0	21	332.96		Aaron Bypas		

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

