F	REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website						
S	TATEMENT	88	86-13-1651	OMB N	o. 1545-000	FAST! Use		7 IIIE	at www.i	rs.gov/efile.	
b Employer identification number					1 Wages, tips, other compensation			Federal income tax withheld			
16-4101687					169194.42			45768.55			
c Employer's name, address, and ZIP code					3 So	3 Social security wages			4 Social security tax withheld		
Hobbs-Hill and Sons						181746.03			13903.57		
46401 Amy Landing Suite 374					5 Me	5 Medicare wages and tips			6 Medicare tax withheld		
					216018.12			6264.53			
Lake Jon CA 31859-1607					7 Social security tips			8 Allocated tips			
						181746.03			216018.12		
d Control number					9 Ad	9 Advance EIC payment			10 Dependent care benefits		
2674628									274		
e Employee's first name and initial Last name					11 No	Nonqualified plans			12a See instructions for box 12		
Jennifer Taylor 6546 Melissa Gardens Apt. 663 North Donald DC 71618-8422						123			н 9271		
						13 Statutory Retirement Third-party plan Sick pay X Other (see enclosed Notice to Employee)			12b		
					employe				D 919		
					14 Oth				i		
								543			
									12d		
								P	788		
f Employee's address and ZIP code											
15 State	Employer's state ID num	nber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local income tax		20 Locality name	
ME	914-98-	-936	77733.87	7542.6		218954.25	26	6996.96		Riley Orchard	
DC	648-49-	-286	86360.75	7631.34	:	186496.35 26444.		6444.87		Simmons Forge	
Wage and Tax Statement				507	Department of the TreasuryInternal Revenue Service						

Statement Form W-2 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 886-13-1651 OMB No. 1545-0008 **STATEMENT** this income is taxable and you fail to report it. **b** Employer identification number Wages, tips, other compensation Federal income tax withheld 16-4101687 169194.42 45768.55 c Employer's name, address, and ZIP code Social security wages Social security tax withheld 181746.03 Hobbs-Hill and Sons 13903.57 Medicare wages and tips Medicare tax withheld 46401 Amy Landing Suite 374 216018.12 6264.53 Lake Jon CA 31859-1607 Social security tips Allocated tips 181746.03 216018.12 Advance EIC payment d Control number 10 Dependent care benefits 2674628 274 e Employee's first name and initial See instructions for box 12 Last name Nonqualified plans 12a 9271 123 Н Jennifer Taylor 13 Statutory Third-party 12b employee 6546 Melissa Gardens Apt. 663 919 X D Other (see enclosed Notice to Employee) 12c North Donald DC 71618-8422 543 12d 788 P f Employee's address and ZIP code 17 State income tax 15 State Employer's state ID number 16 State wages, tips, etc. 18 Local wages, tips, etc. 19 Local income tax 20 Locality name 77733.87 7542.6 218954.25 26996.96 ME 914-98-936 Riley Orchard 648-49-286 186496.35 DC 86360.75 7631.34 26444.87 Simmons Forge

Wage and Tax

Statement Form W-2 Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

