REISSUED a Employee's social	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Website							
STATEMENT 33	8-68-6774	OMB N	o. 1545-00	08 FAST! Use			at	t www.ir	s.gov/efile.		
b Employer identification number			1 W	ages, tips, other compen	sation	2	Federal in	come tax	withheld		
84-8640205				210002.67			60283.7				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Rodriguez, Jennings and Olson Inc				179614.45			13740.51				
5844 Melissa Springs Suite 977				5 Medicare wages and tips				6 Medicare tax withheld			
Sullivanside UT 26221-2399			226064.91				6555.88				
Suffivanside of 20221-2399			7 Social security tips			8 Allocated tips					
				179614.45			226064.91				
d Control number			9 A	dvance EIC payment		10	Depender		nefits		
6810627							260				
e Employee's first name and initial Last name			11 N	onqualified plans		12a	See instr	uctions f	or box 12		
Brandy Stanley 41029 Ian Coves Melissashire LA 21356-3577			209			E 2398					
			13 Statutory Retirement Third-party employee lan sick pay 14 Other (see enclosed Notice to Employee)			12b	1				
							P 2	264			
						12c	i				
							н 5	23			
						12d	12d				
							P 1	.28			
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		Local inco			20 Locality name		
SD 999-23-056	103509.26	13203.12		197727.98	4	0587.	. 34		Morales Centers		
WI 799-93-032	113412.54	12751.13		239511.42	3	3021.	. 3		Walker Trace		

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.

F	REISSUED	a Employee's socia	•		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						
S	TATEMENT	33	38-68-6774	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.						
b Emplo	yer identification number				1	Wages, tips, other compensation		Federal income tax withheld			
84-8640205					210002.67			60283.7			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Rodriguez, Jennings and Olson Inc				179614.45			13740.51				
5844 Melissa Springs Suite 977				5 Medicare wages and tips			6 Medicare tax withheld				
Sullivanside UT 26221-2399			226064.91			6555.88					
			7 Social security tips			8 Allocated tips					
				179614.45			226064.91				
d Control number					9 Advance EIC payment			10 Dependent care benefits			
6810627										260	
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
				209			E 2398				
Brandy Stanley			13 Statutory Retirement Third-party			12b					
41029 Ian Coves				em	nployee plan sick pay			P	264		
Melissashire LA 21356-3577			14	Other (see enclosed Notice to Employ	ee)	12c		l			
			/ /			•			F00		
						H 523					
								120		I	
								P	128		
	yee's address and ZIP cod										
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local inc		(20 Locality name
SD	999-23	3-056	103509.26	13203.12		197727.98	40	587	. 34		Morales Centers
wi	799-93	3-032	113412.54	12751.13		239511.42	33	021	. 3		Walker Trace

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

