REISSUED	EISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Website									
STATEMENT	73	36-92-6957	OMB N	lo. 1545-0	008 <b>FAS</b> 1	! Use	6	ile	at www.i	rs.gov/efile.			
b Employer identification number				1	1 Wages, tips, other compensation				Federal income tax withheld				
16-3593510					81898.3	7		23454.06					
c Employer's name, address, ar	d ZIP code			3	3 Social security wages				4 Social security tax withheld				
Freeman-Rodgers LLC					106308.82				8132.62				
89387 Christina Tunnel Apt. 985				5	agar aa npc				6 Medicare tax withheld				
Lynchbury VA 81970-0235				67579.33				1959.8					
Hynombury vn 015/0 0255				7					8 Allocated tips				
				106308.82  9 Advance EIC payment				67579.33					
d Control number				9	Advance EIC payir	ient	10	Depen	245	eneitis			
6347039				11 Nonqualified plans				245					
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12					
Caroline Butler				280				G 9468					
				13 Stat emp	utory Retirem loyee plan	ent Third-party sick pay	/ 12	b	İ				
79752 William Vista Apt. 043								E	191				
New Carriefurt WI 92981-0796				14 Other (see enclosed Notice to Employee)				С	1				
									172				
			12d										
								D	806				
f Employee's address and ZIP of	ode								1				
15 State Employer's state ID	number	16 State wages, tips, etc.	17 State income tax		18 Local wages	, tips, etc.	19 Local	income ta	(	20 Locality name			
IN 121-8	88-778	40482.38	1537.7		58223.5	3	1150	1.08		Jacob Crossroad			
NC 194-8	31-207	37238.0	1527.89		91195.7	8	1558	2.97		Mikayla Cove			

Wage and Tax
Form W-2 Statement

5010

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.

R	EISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required									
ST	ATEMENT	73	36-92-6957	OMB N	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 Wages, tips, other compensation					2 Federal income tax withheld					
16-3593510					81898.37					23454.06				
c Employer's name, address, and ZIP code					3 Social security wages					4 Social security tax withheld				
Freeman-Rodgers LLC					106308.82					8132.62				
89387 Christina Tunnel Apt. 985				5 Medicare wages and tips					6 Medicare tax withheld					
Lynchbury VA 81970-0235					67579.33					1959.8				
					7 Social security tips					8 Allocated tips				
						106308.82					67579.33			
d Control number					9 Advance EIC payment					10 Dependent care benefits				
(	6347039									245				
e Employee's first name and initial Last name					11 Nonqualified plans					12a See instructions for box 12				
Caroline Butler				280					G 9468					
				13 Statutory Retirement Third-party					12b					
79752 William Vista Apt. 043					employee plan			sick pay			E	191		
<del>-</del>					14 (	Other (see enc	losed Notic	re to Employ	(ee)	12c				
New Carriefurt WI 92981-0796				' `	70101 (300 0110	10360 140110	e to Employ	(66)	120		l			
										172				
										12d		ı		
									D	806				
f Employee's address and ZIP code														
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax		18 Local wa	iges, tips, e	etc.	19 L	ocal inc	ome tax		20 Locality name	
IN	121-88	3-778	40482.38	1537.7		58223.53 1		11	11501.08			Jacob Crossroad		
NC	194-81	L-207	37238.0	1527.89		91195	.78		15.	582	. 97		Mikayla Cove	

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

