R	REISSUED	a Employee's socia	l security number			Safe	, Accurate,	200	H	Visit the	IRS Website		
ST	TATEMENT	21	.8-67-7264	OMB N	o. 1545-0	008 FAS	T! Use	6		at www.i	rs.gov/efile.		
b Employer identification number					1	1 Wages, tips, other compensation				2 Federal income tax withheld			
26-7978697						227657.54				31123.05			
c Emplo	yer's name, address, and 2	ZIP code			3 Social security wages				4 Social security tax withheld				
Robinson, Clark and Mason PLC					259683.15				19865.76				
7460 James Via Apt. 618					5 Medicare wages and tips				6 Medicare tax withheld				
Maryshire ME 75165-5274					236012.23				6844.35				
					7 Social security tips				8 Allocated tips				
					259683.15				236012.23				
d Control number					9 Advance EIC payment			10	10 Dependent care benefits				
	9416789								119				
e Employee's first name and initial Last name					11 Nonqualified plans			12	12a See instructions for box 12				
						162			7753				
April Prince 31126 Parsons Turnpike Apt. 170 East Shaun IN 99674-9051					13 Statutory Retirement Third-party				12b				
					employee plan sick pay X Dither (see enclosed Notice to Employee)				н	120			
									С				
									P	646			
									12d				
									_	100			
									P	193			
f Employ 15 State	yee's address and ZIP cod Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages	s tine ata	10 000	income ta	·	20 Locality name		
			=			_					,		
CO	624-35	-45 <i>/</i>	103716.79	9225.02		245997	, 1	4533	5.02		Julie Mountain		
TN	278-90	-685	106130.51	8013.5		217928	. 82	4311	0.37		Tara Mission		

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 socia	al security number			This information is being furnis	hed to	the Internal R	evenue Serv	rice. If you are required	
	to file a tax return, a negligence penalty or other sanction may be imposed on you									
STATEMENT	2.	this income is taxable and you fail to report it.								
b Employer identification number				1 Wages, tips, other compensation			Federal income tax withheld			
26-7978697					227657.54			31123.05		
c Employer's name, address, and ZIP code					3 Social security wages			Social security tax withheld		
Robinson, Clark and Mason PLC					259683.15			19865.76		
7460 James Via Apt. 618 Maryshire ME 75165-5274					ledicare wages and tips	6 Medicare tax withheld				
					236012.23	6844.35				
					ocial security tips	8 Allocated tips				
					259683.15	236012.23				
d Control number				9 Advance EIC payment			10 Dependent care benefits			
9416789							119			
e Employee's first name and initia	Last name	9		11 Nonqualified plans			12a See instructions for box 12			
April Prince 31126 Parsons Turnpike Apt. 170 East Shaun IN 99674-9051					162			7753		
					tory Retirement Third-party		12b	i		
					mployee plan sick pay X Steps Pay 14 Other (see enclosed Notice to Employee)			н 120		
								12c		
								P 646		
							12d	l .		
								193		
								P 193		
f Employee's address and ZIP co		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	10.1	ocal income ta		20 Locality name	
, ,,,		=			3.7,7,7,7				,	
CO 624-3	0-45/	103716.79	9225.02	245997.12 4		45	5335.02		Julie Mountain	
TN 278-9	278-90-685 106130.51 8013.5		217928.82		43	43110.37		Tara Mission		

Wage and Tax

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



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

