R	REISSUED	a Employee's socia	ll security number			Safe	, Accurate,	200	H	Visit the	IRS Website	
ST	FATEMENT	89	92-56-0071	OMB N	o. 1545-0	008 FAS	T! Use	G	ile	at www.i	rs.gov/efile.	
b Employ	yer identification number			<u>.</u>	1	1 Wages, tips, other compensation			Federal income tax withheld			
	04-9955700				237110.12				27345.91			
c Emplo	yer's name, address, and 2	ZIP code			3 Social security wages				4 Social security tax withheld			
Le-Romero PLC					250420.73				19157.19			
8179 Tucker Flats Apt. 934 Lindaland NE 35164-4789					5 Medicare wages and tips				6 Medicare tax withheld			
					307983.51				8931.52			
					7 Social security tips				8 Allocated tips			
					250420.73				307983.51			
d Contro					9 Advance EIC payment			10	10 Dependent care benefits			
	2737135								248			
e Employee's first name and initial Last name					11 Nonqualified plans			128	12a See instructions for box 12			
Terri Ho 67991 Corey Bridge Ashleystad NM 89630-7992					264				G 2235			
					13 Statutory Retirement Third-party employee plan sick pay			121)	1		
					X X X X X X 14 Other (see enclosed Notice to Employee)				P	608		
									;	ı		
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									12d			
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	yee's address and ZIP cod		1									
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wage:		19 Local		x	20 Locality name	
CA	378-08	-730	120644.03	9622.17		216340	. 93	2447	0.83		Harrison Shore	
MO	773-14	-929	111946.38	7055.15		202373	. 9	3273	0.78		Jonathan Port	

Wage and Tax

5070

Department of the Treasury--Internal Revenue Service

Form W-2 Statement

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 social security number This information is being furnished to the Internal Revenue Service. If you are											
S	TATEMENT	8	92-56-0071	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 Emplo	oyer identification number	•			1 Wages, tips, other compensation			2 Federal income tax withheld				
04-9955700					237110.12			27345.91				
c Emplo	oyer's name, address, and	ZIP code			3 Social security wages			4 Social security tax withheld				
Le-Romero PLC						250420.73	19157.19					
8179 Tucker Flats Apt. 934					5 Medicare wages and tips			6 Medicare tax withheld				
						307983.51	8931.52					
	Lindaland NE 35164-4789					Social security tips	8 Allocated tips					
						250420.73	307983.51					
d Control number					9 Advance EIC payment			10 Dependent care benefits				
	2737135								248			
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
					264			G 2235				
	Terri Ho				13 Statu		12b	1				
67991 Corey Bridge Ashleystad NM 89630-7992					employee plan sick pay			P	P 608			
					14 Other (see enclosed Notice to Employee)			12c				
	nonzegodda i'm ososo yssz								527			
									12d			
									984			
f Employee's address and ZIP code							Н 984					
15 State	Employer's state ID n		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local income tax	(20 Locality name		
CA	378-08	3-730	120644.03	9622.17		216340.93 2		4470.83		Harrison Shore		
							1			†		
MO	773-14	1-929	111946.38	7055.15	202373.9		32	730.78	Jonathan Port			

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

