RE	ISSUED	a Employee's socia	I security number				Safe, Accurat	e,		Visit the	IRS Website	
STA	ATEMENT	89	9-03-1027	OMB	No. 1545-0	8000	FAST! Use		≁file >	at www.i	irs.gov/efile.	
b Employer identification number						1 Wages, tips, other compensation			Federal income tax withheld			
20-2051298						69173.86			7569.06			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Rodgers PLC Inc						75327.85			5762.58			
3636 Buckley Fort					5	- ····				6 Medicare tax withheld		
Bradbury WA 06559-8816						50362.43				1460.51		
practity MV 00223-0010					'	7 Social security tips			8 Allocated tips			
						75327.85			50362.43			
d Control n					9	9 Advance EIC payment 10 Dependent care benefits				enefits		
	70432									137		
e Employee's first name and initial Last name					11	11 Nonqualified plans			12a See instructions for box 12			
Garata Barana						272			3360			
Carla Brown 089 Jackson Lodge						13 Statutory Retirement Third-party employee plan sick pay			12b	i		
									534			
Veronicaville AL 62856-9961						14 Other (see enclosed Notice to Employee)			12c			
									н	684		
									12d			
										332		
f Employee	e's address and ZIP code	9										
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income ta	х	18 Loca	al wages, tips, etc.	19	Local income tax	(20 Locality name	
AZ	150-17	-438	32914.91	1585.15		68984.31 78		801.97		Williams Wells		
TN	357-41	-613	34479.45	1105.24		772	73.98	10	199.45		Wright Rest	

Wage and Tax
Form W-2 Statement

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 social security number			This information is being furnished to the Internal Revenue Service. If you are required							
STATEMENT 899-03-1027			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					
20-2051298		69173.86			7569.06					
c Employer's name, address, and ZIP co		3 Social security wages			4 Social security tax withheld					
Rodgers PLC I		75327.85			5762.58					
3636 Buckley		5 N	ledicare wages and tips		6 Medicare tax withheld					
_			50362.43		1460.51 8 Allocated tips					
Bradbury W		7 8	ocial security tips							
		75327.85			50362.43					
d Control number	9 Advance EIC payment			10 Dependent care benefits						
870432						137				
e Employee's first name and initial		11 Nonqualified plans			12a See instructions for box 12					
		272			3360					
Carla Brown		13 Statu	*	hird-party	12b					
089 Jackson	X	pyee plan si	ick pay	534						
Veronicavill	961	14 Other (see enclosed Notice to Employee)			12c	1				
Veronicaviri	J 0 1				н	684				
						12d	1001			
							220			
l							332			
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.	19	Local income tax	20 Locality name			
AZ 150-17-4	= ' ' '	1585.15				801.97	Williams Wells			
TN 357-41-6	13 34479.45	1105.24		77273.98	10	0199.45	Wright Rest			

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

