REISSUED	REISSUED a Employee's social security number			Safe, Accurate,				Visit the IRS Website				
STATEMENT	07	74-24-2991	OMB N	o. 1545-0	008 FAS	T! Use	6	ile	at www.i	rs.gov/efile.		
b Employer identification number			1 Wages, tips, other compensation				2 Federal income tax withheld					
02-2879865					115862.37				19434.07			
c Employer's name, address, and	ZIP code			3 Social security wages				4 Social security tax withheld				
Owens, Robertson and Leonard Ltd				115379.02				8826.5				
58242 Whitehead Summit				5 Medicare wages and tips				6 Medicare tax withheld				
Trevorville DC 76901-3748			120207.52				3486.02					
Trevorville DC 76901-3748			7 Social security tips			8	8 Allocated tips					
				115379.02				120207.52				
d Control number				9 Advance EIC payment			10	10 Dependent care benefits				
4138516								132				
e Employee's first name and initial Last name				11 Nonqualified plans			12	12a See instructions for box 12				
William Sanchez				117				G 5354				
				13 Statutory Retirement Third-party			12	12b				
22689 Natasha Gardens Apt. 554				employee plan sick pay				н	192			
_					Other (see enclos	ed Notice to Emplo	yee) 12	lc				
Santosmouth AZ 87786-4143									200			
							40	392				
							12	a	1			
								P	319			
f Employee's address and ZIP coo		•										
15 State Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wage			l income ta:	(20 Locality na	ame	
ID 169-80)-124	52756.83	4440.73		81494.	96	1580	6.3		Katie L	ocks	
DC 230-59	-339	58588.47	4228.89		144098	. 37	2216	6.11		John Gr	oves	

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 soc	ial security number		This information is being furnished to the Internal Revenue Service. If you are required							
STATEMENT	0	74-24-2991	OME	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 V	· · · · · · · · · · · · · · · · · · ·			Federal income tax withheld			
02-2879865					115862.37			19434.07			
c Employer's name, address, and ZIP code				3 8	3 Social security wages			4 Social security tax withheld			
Owens, Robertson and Leonard Ltd					115379.02			8826.5			
58242 Whitehead Summit				5 N				6 Medicare tax withheld			
Trevorville DC 76901-3748					120207.52		3486.02				
Trevorville DC /6901-3/46				7 8	7 Social security tips			8 Allocated tips			
					115379.02			120207.52			
d Control number				9 A	9 Advance EIC payment			10 Dependent care benefits			
4138516								132			
e Employee's first name and initial Last name				11 N	11 Nonqualified plans			12a See instructions for box 12			
					117			G 5354			
William Sanchez					13 Statutory Retirement Third-party						
22689 Natasha Gardens Apt. 554					employee plan sick pay			н 192			
Santosmouth AZ 87786-4143					14 Other (see enclosed Notice to Employee)			12c			
Sancosmouch Az 67700-4145								392			
								12d			
							P	319			
. F	D I.						F	319			
f Employee's address and Z 15 State Employer's state		16 State wages, tips, etc.	17 State income ta	ax	18 Local wages, tips, e	tc. 19	Local income ta	x	20 Locality name		
	-80-124	52756.83	4440.73		81494.96		5806.3		Katie Locks		
DC 230-	-59-339	58588.47	4228.89		144098.37		22166.11		John Groves		

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

