REISSUED a Employee's social security number						Safe, Accurate,	TER •	w.G		Visit the	IRS Website			
S	TATEMENT	58	37-07-0826	OMB I	No. 1545-000	8 FAST! Use		7 111	6	at www.i	rs.gov/efile.			
b Employer identification number					1 W	 Wages, tips, other compensation 				2 Federal income tax withheld				
22-7870955						102048.19			31947.45					
c Employer's name, address, and ZIP code					3 So	3 Social security wages			4 Social security tax withheld					
Hernandez-Ferrell Ltd						101193.12				7741.27				
1839 Peters Junctions										6 Medicare tax withheld				
						91986.32			2667.6					
	New Cheryl	UT	01061-0829		7 S	7 Social security tips				8 Allocated tips				
						101193.12			91986.32					
d Control number					9 Ad	9 Advance EIC payment			10 Dependent care benefits					
5231742										231				
e Employee's first name and initial Last name					11 No	11 Nonqualified plans				12a See instructions for box 12				
					188				G 8086					
Jenna Torres 637 Luis Rapid Suite 030 Johnborough TX 07473-7272						13 Statutory Retirement Third-party								
					emplo	employee plan sick pay				969				
					14 0	her (see enclosed Notice to Emp	oloyee)	12c						
										988				
									н	616				
f Emplo	vee's address and ZIP cod	lo.							11	310				
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	(18 Local wages, tips, etc.	19	Local inc	ome tax	:	20 Locality name			
МТ	399-09	-516	50470.16	4260.58		107054.62	10	293	.21		Shaw Plaza			
IA	209-19	-017	50504.97	4747.6		113324.19		15550.1			Sanchez Ports			
	Wage a	and Tax	•	707	$\overline{}$	Dena	rtment	of the T	Freasu	rvIntern	al Revenue Service			
Form W-	Ctatam			겁니ㅗ		Боро		01 010	110000	.,	arrioveride dervice			

Statement Form W-2 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 furnished to the Internal Revenue Service. If you are required									
STATEMENT	STATEMENT 587-07-0826 OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be imposed on this income is taxable and you fail to report it.								on you if				
b Employer identification number					Wages, tips, other compensation			2 Federal income tax withheld					
22-7870955					102048.19			31947.45					
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld					
Hernandez-Ferrell Ltd					101193.12			7741.27					
1839 Peters Junctions					5 Medicare wages and tips				6 Medicare tax withheld				
No Charrel IIII 01061 0000					91986.32				2667.6				
New Chery	New Cheryl UT 01061-0829				7 Social security tips			8 Allocated tips					
					101193.12			91986.32					
d Control number					9 Advance EIC payment 10 Dependent care benefits					enefits			
5231742	5231742									231			
e Employee's first name and init	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12				
					188			G 8086					
Jenna	Jenna Torres					13 Statutory Retirement Third-party							
637 Luis Rapid Suite 030 Johnborough TX 07473-7272					employee plan sick pay				G 969				
					14 Other (see enclosed Notice to Employee)				12c				
									988				
									12d				
									н	616			
f Employee's address and ZIP code							F						
15 State Employer's state ID		16 State wages, tips, etc.	17 State income tax	1	18 Local wages, tips	, etc.	19 Lo	ocal inco	me tax		20 Locali	ty name	
MT 399-0	9-516	50470.16	4260.58		107054.62	<u>?</u>	102	293.	21		Shaw	Plaza	
IA 209-1	.9-017	50504.97	4747.6		113324.19)	15!	550.	1		Sanche	z Ports	

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

