R	REISSUED	a Employee's socia	l security number			Sa	fe, Accurate,	IRC 1	≁file •	Visit the	IRS Website		
ST	TATEMENT	56	8-90-6495	OMB I	No. 1545-00	008 F	ST! Use		7 IIIE	at www.i	rs.gov/efile.		
b Employer identification number					1 \	1 Wages, tips, other compensation			Federal income tax withheld				
37-4366787						83585.26				17828.99			
c Emplo	yer's name, address, and 2	ZIP code			3 5	3 Social security wages				4 Social security tax withheld			
Coffey-Patel Inc						71326.21				5456.46			
8859 Ayala Isle Suite 264 Hernandezville AZ 12313-7753					5 N	l				6 Medicare tax withheld			
					103353.63				2997.26				
	Hernandezville AZ 12313-7753				7 5	7 Social security tips				8 Allocated tips			
						71326.21			103353.63				
d Control number					9 /	9 Advance EIC payment			10 Dependent care benefits				
	2613400								287				
e Employee's first name and initial Last name					11 1	11 Nonqualified plans			12a See instructions for box 12				
					181				E 9141				
	Kim Jackson				13 Statutory Retirement Third-party employee plan sick pay				12b				
825 Cassie Tunnel East Kennethberg MS 91854-0911						X Other (see enclosed Notice to Employee)				951			
					14 (1			
									P	P 476			
									12d				
										812			
	yee's address and ZIP cod		T	T		1							
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		9			9 Local income tax		20 Locality name		
KY	556-65	-411	43426.11	4463.81		71390.07		15	15166.29		Barbara Locks		
DC	053-91	053-91-280 40896.02 3743.12		99598.12		88	94.44	Regina Square					

Wage and Tax

5070 **Statement** Form W-2

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.

RE	REISSUED a Employee's social security number				This information is being furnished to the Internal Revenue Service. If you are required						
	ATEMENT	56	8-90-6495	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 Employe	er identification number	I .		l .	Wages, tips, other compensation			2 Federal income tax withheld			
37-4366787					83585.26			17828.99			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Coffey-Patel Inc					71326.21			5456.46			
8859 Ayala Isle Suite 264					5 N	ledicare wages and tips	6 Medicare tax withheld				
Hernandezville AZ 12313-7753						103353.63	2997.26				
					7 8	ocial security tips	8 Allocated tips				
					71326.21			103353.63			
d Control number					9 Advance EIC payment			10 Dependent care benefits			
2613400								287			
e Employe	ee's first name and initial	Last name)		11 Nonqualified plans			12a See instructions for box 12			
T2	Kim Jackson 825 Cassie Tunnel				181			E 9141			
ı,					13 Statu		12b	1			
8					employee plan sick pay			P	P 951		
East Kennethberg MS 91854-0911					14 Other (see enclosed Notice to Employee)			12c			
	Hast Remetabely Ho 51034 0511							P	476		
								12d			
									812		
f Employee's address and ZIP code							ŀ				
15 State	Employer's state ID nu	Employer's state ID number 16 State wages, tips, etc. 17 State income tax		18 Local wages, tips, etc. 19		19 L	9 Local income tax		20 Locality name		
KY	556-65	5-411	43426.11	4463.81		71390.07		15166.29		Barbara Locks	
DC	053-91	280	40896.02	3743.12		99598.12		3894.44		Regina Square	

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

