F	REISSUED	a Employee's socia	I security number			Safe, Acc	urate,		Visit the	IRS Website		
S	TATEMENT	30	3-16-8951	OMB N	lo. 1545-0	008 FAST! Us	se 🔍	erfile)	at www.i	rs.gov/efile.		
b Employer identification number					1	1 Wages, tips, other compensation			2 Federal income tax withheld			
10-5752453					80966.3			25836.36				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Ibarra, Bradley and Lopez Ltd					90690.28			6937	6937.81			
03206 Woods Summit Suite 078 Rasmussenhaven MI 80366-0084					5 Medicare wages and tips			6 Medic				
						90038.91			2611.13			
					7 Social security tips			8 Alloca	7 modulod upo			
					90690.28				90038.91			
d Control number					9	9 Advance EIC payment 10 Depe			ndent care benefits			
5085621								224				
e Employee's first name and initial Last name					11 Nonqualified plans			12a See ii	12a See instructions for box 12			
Katherine Franklin 97406 Hall Isle East Zachary ME 12472-9981					176			H	н 7818			
					13 Statutory Retirement Third-party employee Plan Sick pay 14 Other (see enclosed Notice to Employee)			12b	1			
									506	506		
								e) 12c	1			
									108			
									12d			
								E	244			
f Emplo	yee's address and ZIP cod	е							ı			
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,	etc. 1	19 Local income ta	Local income tax 20 Locality			
AK	377-42	-927	43812.93	1903.6		90436.03 98		9866.64		Jody Shores		
DC	226-27	-041	38989.55	2295.75		80279.77	1	10103.9		Angela Greens		

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						
	CLIOGOLD		03-16-8951	OMB N	OMP No. 1545 0008 to file a tax return, a negligence penalty or other sanction may be imposed on you if						
	STATEMENT 303-16-8951 OMB N b Employer identification number					this income is taxable and you fail to report it. 1 Wages, tips, other compensation 2 Federal income tax withheld					
10-5752453					80966.3			25836.36			
		7IP code			3 Social security wages			4 Social security tax withheld			
c Employer's name, address, and ZIP code					90690 . 28			6937 . 81			
Ibarra, Bradley and Lopez Ltd					000001=0			***************************************			
03206 Woods Summit Suite 078				5 Medicare wages and tips			6 Medicare tax withheld				
	Rasmussenhaven MI 80366-0084					90038.91			2611.13		
						7 Social security tips			8 Allocated tips		
					90690.28			90038.91			
d Control number					9 Advance EIC payment			10 Dependent care benefits			
5085621								224			
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
				176			н 7818				
	Katherine Franklin				13 Statutory Retirement Third-party			12b			
97406 Hall Isle East Zachary ME 12472-9981					employee plan sick pay X 14 Other (see enclosed Notice to Employee)			506			
											12c
								108			
								12d			
								E 244			
f Employee's address and ZIP code											
15 State	Employer's state ID nu	ımber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 19		9 Local income tax		20 Locality name	
AK	377-42	2-927	43812.93	1903.6		90436.03 9		866.64		Jody Shores	
DC	226-27	7-041	38989.55	2295.75		80279.77		10103.9		Angela Greens	

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

