REISSUED	a Employee's socia	a Employee's social security number			Safe, Accurate,				Visit the IRS Website			
STATEMENT	13	37-18-9379	OMB N	No. 1545-0	008 FAST!	Use	se v f	116	at www.i	rs.gov/efile.		
<b>b</b> Employer identification number				1 \	1 Wages, tips, other compensation			Federal income tax withheld				
43-64578	87				193410.95			36209.8				
c Employer's name, address, and ZIP code				3 3	3 Social security wages			4 Social security tax withheld				
Roberson, Williams and Cruz Ltd					234813.15			17963.21				
3397 Amanda Falls Katherinefort AL 13612-4830				5 1					6 Medicare tax withheld			
					154933.43				4493.07			
				7 5	7 Social security tips				8 Allocated tips			
					234813.15			154933.43				
d Control number				9 /	9 Advance EIC payment			10 Dependent care benefits				
464361								237				
e Employee's first name and initial Last name				11 1	11 Nonqualified plans			12a See instructions for box 12				
David Bernard					244			P 2501				
					13 Statutory Retirement Third-party employee plan sick pay							
04707 Sarah Key Apt. 205				emp	loyee plan	sick pay			707			
Brownchester GA 79443-5030				14 (	Other (see enclosed N	lotice to Employ	/ee) <b>12c</b>		<u>.                                    </u>			
Diownchester GA 75445 5050								P	916			
								12d				
								н	541			
f Employee's address and	7IP code								311			
15 State Employer's sta		16 State wages, tips, etc.	17 State income tax	-	18 Local wages, tip	s, etc.	19 Local in	come tax	:	20 Locality name		
IL 831	02-844	91049.29	4088.96		221618.3	7	28117	.81		Ernest Fords		
										T		
DE 482	2-82-252	92094.25	3303.58		185648.9	3	37610	.82		James Crescent		

Wage and Tax

Form W-2

5070 **Statement** 

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 socia	al security number			This information is being furnis	shed to	the Internal Rev	venue Serv	ice. If you are required		
STATEMENT	13	37-18-9379	OMB N	OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be imposed on you if							
b Employer identification number	OTATEMENT				this income is taxable and you fail to  Wages, tips, other compensation			2 Federal income tax withheld			
43-6457887				193410.95			36209.8				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Roberson, Williams and Cruz Ltd				234813.15			17963.21				
3397 Amanda Falls				5 Medicare wages and tips			6 Medicare tax withheld				
Katherinefort AL 13612-4830				154933.43			4493.07				
				7 Social security tips			8 Allocated tips				
				234813.15			154933.43				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
464361								237			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
David Bernard				244			P 2501				
				13 State			12b				
04707 Sarah Key Apt. 205				emp	oyee plan sick pay			707			
Brownchester GA 79443-5030				14 Other (see enclosed Notice to Employee)			12c				
							P	P 916			
							12d				
								E 41			
								н  541			
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		19 L	Local income tax		20 Locality name			
IL 831-0		91049.29	4088.96		= ' ' '		8117.81		Ernest Fords		
331-0		71019.29	12000.90						Ellest Fords		
DE 482-8	2-252	92094.25	3303.58	185648.93 3		37	37610.82		James Crescent		

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

