R	REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website							ite		
ST	TATEMENT	21	.9-35-8818	OMB N	lo. 1545-	-0008	FAST! Us	se	G^{\sim}	Ш		at www.i	rs.gov/efile	€.
b Employer identification number					1	1 Wages, tips, other compensation				2 Federal income tax withheld				
32-1742954						207459.27				47367.94				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld				
Patel, Kemp and Ellison PLC						217124.55				16610.03				
0447 Rachel Squares Apt. 314 Tammystad VA 07929-6363					5 Medicare wages and tips					6 Medicare tax withheld				
					204428.93 7 Social security tips					5928.44				
					, ,					8 Allocated tips				
					217124.55					204428.93				
d Contro					9 Advance EIC payment 10 Dependent care benefits					enefits				
2665016										187				
e Employee's first name and initial Last name					11 Nonqualified plans				1	12a See instructions for box 12				
					117					E 3707				
David Arnold						13 Statutory Retirement Third-party employee plan sick pay								
44337 Turner Well Suite 460						employee plan sick pay					P	944		
Singhshire UT 19196-3692						14 Other (see enclosed Notice to Employee)				12c				
5111g11511111 01 19190 3092]	P	657		
										12d				
										I	D	566		
f Employ	yee's address and ZIP cod	е										1		
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Loca	l wages, tips,	etc.	19 Loc	al incon	ne tax		20 Localit	y name
FL	130-20	-211	96096.29	3432.82		2278	341.88		341	96.	33		Luna	Walk
UT	126-79	-465	93844.22	4957.99		2582	205.18		381	54.	5		William	s Manor

Wage and Tax

5070

Department of the Treasury--Internal Revenue Service

Form W-2 **Statement**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.

F	REISSUED	a Employee's soc	•		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if							
	TATEMENT	2	19-35-8818	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.							
b Employer identification number						Wages, tips, other compensation	Federal income tax withheld					
32-1742954						207459.27	47367.94					
c Emplo	c Employer's name, address, and ZIP code					Social security wages	4 Social security tax withheld					
Patel, Kemp and Ellison PLC						217124.55	16610.03					
0447 Rachel Squares Apt. 314 Tammystad VA 07929-6363					5	Medicare wages and tips	6 Medicare tax withheld					
						204428.93	5928.44					
					7	Social security tips	8 Allocated tips					
			217124.55	204428.93								
d Contro	d Control number					Advance EIC payment		10 Dependent care benefits				
	2665016							187				
e Emplo	e Employee's first name and initial Last name					Nonqualified plans	12a See instructions for box 12					
David Arnold 44337 Turner Well Suite 460 Singhshire UT 19196-3692					13 Star	117 utory Retirement Third-party loyee plan sick pay	E 3707					
								P	944			
					14	Other (see enclosed Notice to Employ	12c					
							P	P 657				
								12d				
							D	566				
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			9 Local income tax 20 Locality name				
FL	· ·		96096.29	3432.82	10 =====ag==,p=, ====			196.3		Luna	•	
БТ	130-20-211 96096.29 3432.82		3434.04		ZZ / 041 . 00	34	190.3) 	Luna	walk		
UT	126-79	9-465	93844.22	4957.99	258205.18 3		38	154.5	Williams Manor			

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

