Wage and Tax Statement					Department of the TreasuryInternal Revenue Service							
co 302	-80-460	32811.92	2029.83	5	52893.44		5082.21			Thompson Greens		
MD 995	-79-203	32009.42	1467.53	6	69884.82 79		994.8			Phillip Fort		
15 State Employer's sta	te ID number	16 State wages, tips, etc.	17 State income tax	x 1	8 Local wages, tips, etc.	19 L	ocal inc	ome tax		20 Locality name		
f Employee's address and	ZIP code					-		Н	630			
									999			
New Thomas KY 31380-5597				<b>14</b> Oth	er (see enclosed Notice to Empl	oyee)	12c	н				
Edgar Ochoa 871 Thomas Crossroad Suite 165					Retirement Third-par	ty	12b	E	621			
				_	126 13 Statutory Retirement Third-party				6444			
e Employee's first name and initial Last name				<b>11</b> Non	11 Nonqualified plans			12a See instructions for box 12				
d Control number 5313165				9 Adv	9 Advance EIC payment			10 Dependent care benefits 229				
1. Country of the					49125.28			59341.19				
Charlesport WV 63238-8011					7 Social security tips				8 Allocated tips			
, 1001 1101 110 110 110 110 110 110 110					59341.19				1720.89			
74964 Kevin Hollow					5 Medicare wages and tips			6 Medicare tax withheld				
Williams, Hubbard and Parks LLC					49125.28				3758.08			
c Employer's name, addres								4 Social security tax withheld				
92-8781638					60374.2			17120.0				
STATEMENT 660-81-8034 OMB No b Employer identification number									2 Federal income tax withheld			
		al security number 60-81-8034	OMB	No. 1545-0008		IRS P	v fi	e		rs.gov/efile.		
REISSUED	a Employee's soci	al security number			Safe, Accurate,				Visit the	IRS Website		

**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.

F	REISSUED	a Employee's socia	l security number		This information is being furnished to the Internal Revenue Service. If you are required							
_	TATEMENT	66	50-81-8034	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>b</b> Emplo	b Employer identification number				Wages, tips, other compensation				2 Federal income tax withheld			
92-8781638					60374.2				17120.0			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Williams, Hubbard and Parks LLC				49125.28				3758.08				
74964 Kevin Hollow				5 Medicare wages and tips				6 Medicare tax withheld				
				59341.19				1720.89				
	Charlesport WV 63238-8011				7 Social security tips				8 Allocated tips			
				49125.28				59341.19				
d Contro	d Control number				9 Advance EIC payment				10 Dependent care benefits			
5313165									229			
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans			1	12a See instructions for box 12			
Edgar Ochoa				126				6444				
				13 Statu	,		1	2b				
871 Thomas Crossroad Suite 165					emple <b>X</b>	plan X	sick pay		E	621		
New Thomas KY 31380-5597					14 (	other (see enclose	ed Notice to Employ	ee) 1	2c	1		
New Inomas RI 31300-3397								н 999				
								11   333				
								н 630				
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	tine oto	10 1 00	al income ta	v	20 Locality name		
MD	995-79		32009.42	1467.53		69884.8	• •	799		^	,	
MD	995-79	7-203	32009.42	1407.33		09084.0	) <u> </u>	199	4.0		Phillip Fort	
со	302-80	-460	32811.92	2029.83		52893.4	4	608	2.21		Thompson Greens	

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

