REISSU	JED a Employee's se	ocial security number			Safe	Accurate,	e a	.∠GH		Visit the	IRS Website	
STATEM	IENT	034-09-8026	OMB N	o. 1545-00	008 FAS	Γ! Use	U	7 111	e	at www.i	rs.gov/efile.	
b Employer identification number				1 V	1 Wages, tips, other compensation				2 Federal income tax withheld			
37-3869688					128321.07				34065.0			
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld				
Robertson, Prince and Everett PLC				97121.64				7429.81				
8983 Andrew Corners Hansenbury WI 37683-6846				5 Medicare wages and tips				6 Medicare tax withheld				
				111140.19				3223.07				
				7 Social security tips				8 Allocated tips				
				97121.64			111140.19					
d Control number				9 Advance EIC payment				10 Dependent care benefits				
6296034										173		
e Employee's first name and initial Last name			11 Nonqualified plans				12a See instructions for box 12					
_ , _				164				4288				
Joseph Lopez				13 Statutory Retirement Third-party employee plan sick pay			,	12b				
0571 Cooper Dale Apt. 000				x x				G 334				
New Megantown ID 95468-1932					14 Other (see enclosed Notice to Employee)				12c			
New Meganicown 1D 93400 1932										318		
			ŀ				12d					
									G	564		
							ŀ		G	364		
f Employee's addr 15 State Emplo	yer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages	, tips, etc.	19 L	ocal inco	ome tax	:	20 Locality name	
AZ	392-26-811	61878.91	2907.5		99868.1	.8	15	961.	. 8		Javier Forks	
-												
со	845-10-821	65518.47	3135.87		139795.	21	23	312	. 98		Barbara Squares	

Wage and Tax Statement 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.

REISSUED	a Employee's socia	•		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							
STATEMENT		34-09-8026	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.							
b Employer identification number				1 \	Vages, tips, other compensation	Federal income tax withheld					
37-3869688				128321.07			34065.0				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Robertson, Prince and Everett PLC				97121.64			7429.81				
8983 Andrew Corners Hansenbury WI 37683-6846				5 N	ledicare wages and tips	6 Medicare tax withheld 3223.07					
					111140.19						
				7 Social security tips			8 Allocated tips				
					97121.64			111140.19			
d Control number				9 Advance EIC payment			10 Dependent care benefits				
6296034	6296034							173			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Joseph Lopez				164 13 Statutory Retirement Third-party			4288				
				employee plan sick pay							
0571 Cooper Dale Apt. 000					X X		G	334			
New Megantown ID 95468-1932					14 Other (see enclosed Notice to Employee)			12c			
New Meganicown 15 33400 1332							318				
						12d					
						G	564				
f Employee's address and ZIP code				T				T			
15 State Employer's state		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local income tax		20 Locality name		
AZ 392	-26-811	61878.91	2907.5		99868.18	15	961.8		Javier Forks		
CO 845	-10-821	65518.47	3135.87		139795.21	23	312.98		Barbara Squares		

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

