| R | EISSUED a Employee's social security number | | | Safe, Accurate, | | | | Visit the IRS Website | | | | |
|--------------------|---|-----------------------------|----------------------------|---------------------|--|-----------------------------------|----------------|-----------------------|---------------------------------|-------------------|--|--|
| ST | TATEMENT | 64 | 11-19-9036 | OMB N | o. 1545-00 | 008 FAST! Us | e | | at www.i | rs.gov/efile. | | |
| b Employ | yer identification number | | | | 1 \ | 1 Wages, tips, other compensation | | | Federal income tax withheld | | | |
| | 60-9012902 | | | | | 41456.55 | | | 14441.8 | | | |
| c Employ | yer's name, address, and 2 | IP code | | | 3 Social security wages | | | 4 Sc | 4 Social security tax withheld | | | |
| Sellers-Cook Group | | | | | 46013.98 | | | 35 | 3520.07 | | | |
| 097 Laurie Isle | | | | | 5 Medicare wages and tips | | | 6 M | | | | |
| l . | Omarchester LA 83291-1215 | | | | | 48635.22 | | | 1410.42 | | | |
| ' | Omarchester | TH 0 | 3291-1213 | | 7 Social security tips | | | 8 AI | 8 Allocated tips | | | |
| | | | | | | 46013.98 | | | 48635.22 | | | |
| d Contro | ol number | | | | 9 Advance EIC payment | | | 10 D | 10 Dependent care benefits | | | |
| | 541404 | | | | | | | | 244 | | | |
| e Employ | e Employee's first name and initial Last name | | | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | |
| | Tyler Howard 80798 Mary River | | | | 101 | | | | 2210 | | | |
| ' | | | | | 13 Statutory Retirement Third-party employee plan sick pay | | | 12b | 12b | | | |
| | | | | | | | | I | 207 | | | |
| | Edwardstow | m AT. | 69671-7036 | | 14 (| Other (see enclosed Notice | ce to Employee | e) 12c | 1 | | | |
| | Edwards Cowii All 09071 7090 | | | | | | | I | i 545 | | | |
| | | | | | | | | 12d | | | | |
| | | | | | | | | , | 212 | | | |
| f Employ | vee's address and ZIP cod | | | | | | | • | . 212 | | | |
| 15 State | Employer's state ID nu | | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips, e | etc. 1 | 9 Local incon | ne tax | 20 Locality name | | |
| TX | 516-76 | -898 | 22041.74 | 2084.35 | | 41088.35 4 | | 493.84 | | Hernandez Mission | | |
| | | | | | | | | | | | | |
| MD | 330-32 | 330-32-127 19761.23 2198.39 | | 45546.76 72 | | | 7232.7 | | Jackson Locks | | | |

Wage and Tax

Form W-2 Statement

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.

| F | REISSUED a Employee's social security number | | | | 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 | | | | | | | |
|--|---|----------|----------------------------|---------------------|--|-----------------------------------|-----|---------------------------------|-----------------------------|-----|-------------------|--|
| S | STATEMENT 641-19-9036 OMB NO | | | | No. 1545-0008 this income is taxable and you fail to report it. | | | | | | | |
| b Emplo | b Employer identification number | | | | | 1 Wages, tips, other compensation | | | Federal income tax withheld | | | |
| 60-9012902 | | | | | 41456.55 | | | 14441.8 | | | | |
| c Employer's name, address, and ZIP code | | | | | 3 Social security wages | | | 4 Social security tax withheld | | | | |
| Sellers-Cook Group | | | | | 46013.98 | | | 3520.07 | | | | |
| 097 Laurie Isle | | | | | 5 Medicare wages and tips 48635.22 | | | 6 Medicare tax withheld 1410.42 | | | | |
| | | | | | | | | | | | | |
| | | | | | 46013.98 | | | 48635.22 | | | | |
| d Contro | ol number | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | |
| | 541404 | | | | | | | 244 | | | | |
| e Emplo | yee's first name and initial | Last nam | е | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | |
| | Tyler Howard 80798 Mary River Edwardstown AL 69671-7036 | | | | 101 | | | 2210 | | | | |
| | | | | | 13 Statutory Retirement Third-party employee plan sick pay 14 Other (see enclosed Notice to Employee) | | | 12b | | | | |
| | | | | | | | | н 207 | | | | |
| | | | | | | | | 12c | | | | |
| | | | | | | | | н 545 | | | | |
| | | | | | | | | 12d | | | | |
| | | | | | | | | | P | 212 | | |
| f Employee's address and ZIP code | | | | | | | , j | | | | 1 | |
| 15 State | Employer's state ID no | | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips, etc. | | Local inco | | | 20 Locality name | |
| TX | 516-76 | 5-898 | 22041.74 | 2084.35 | | 41088.35 | 44 | 93.8 | 4 | | Hernandez Mission | |
| MD | 330-32 | 2-127 | 19761.23 | 2198.39 | | 45546.76 | 72 | 32.7 | , | | Jackson Locks | |

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

