F	REISSUED	a Employee's socia	l security number			Safe	, Accurate,	e D	GH		Visit the	IRS Website	
S	<b>TATEMENT</b>	25	52-57-5469	OMB N	lo. 1545-0	008 <b>FAS</b>	T! Use	5		e	at www.i	rs.gov/efile.	
<b>b</b> Emplo	yer identification number				1 \	1 Wages, tips, other compensation			2 Federal income tax withheld				
	24-2559912					111855.04			26471.23				
<b>c</b> Emplo	c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
White, Romero and Patel PLC					117222.02				8967.48				
44829 Anderson Station Lake Russell AL 21827-8258					5 Medicare wages and tips				6 Medicare tax withheld				
					97283.77				2821.23				
Lake Russell AL 21027-0230					7 Social security tips				8 Allocated tips				
					117222.02				97283.77				
d Control number					9 Advance EIC payment			10 Dependent care benefits					
7873043									223				
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
					118				9665				
	Catherine Taylor					13 Statutory Retirement Third-party employee plan sick pay					ı		
41005 Reyes Cliff Scottshire KS 36131-3167					14 Other (see enclosed Notice to Employee)					D 849			
									12c				
										G	337		
										12d			
										P	531		
f Emplo	vee's address and ZIP cod	e											
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages	s, tips, etc.	19 L	ocal inc	ome tax		20 Locality name	
VT	712-42	-938	57113.18	4322.57		143123	. 8	21	984	. 7		Aaron Circles	
ND	217-45	-595	59937.24	4145.69		107583	. 8	13	102	. 98		Amanda Ridge	

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 soci	•		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							
	<b>STATEMENT</b> 252-57-5469 OMB No.					No. 1545-0008 this income is taxable and you fail to report it.						
<b>b</b> Emplo	<b>b</b> Employer identification number					<ol> <li>Wages, tips, other compensation</li> </ol>			Federal income tax withheld			
24-2559912					111855.04			26471.23				
<b>c</b> Emplo	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
White, Romero and Patel PLC 44829 Anderson Station					117222.02			8967.48				
					5 1	Medicare wages and tips	6 Medicare tax withheld 2821.23					
						97283.77						
	Lake Russell AL 21827-8258					Social security tips	8 Allocated tips					
						117222.02	97283.77					
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	7873043								223			
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
						118			9665			
	Catherine Taylor				13 Statutory Retirement Third-party			12b				
41005 Reyes Cliff Scottshire KS 36131-3167					mployee plan sick pay  X  14 Other (see enclosed Notice to Employee)			D	849			
								12c				
								G	337			
						!			12d			
								P	1			
									531			
f Employee's address and ZIP code						1				T		
15 State	, ,		16 State wages, tips, etc.	17 State income tax		10 =====g==,p=, ===		Local income t	ax	20 Locality name		
VT	712-42	2-938 	57113.18	4322.57		143123.8	21	984.7		Aaron Circles		
ND	217-45	5-595	59937.24	4145.69		107583.8	13	102.98	}	Amanda Ridge		

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

