| F | REISSUED a Employee's social security number | | | | Safe, Accurate, Visit the IRS Website | | | | | | | te | | |
|---|--|----------------------------|----------------------------|---------------------|--|-----------------------------------|-------------------|------|---------------------------------|-------------------------------|--------------|-------------|--------|--|
| STATEMENT 878-56-1887 OMB N | | | | o. 1545-0 | 8000 | FAST! Use | G | | e | at www.i | rs.gov/efile | | | |
| b Employer identification number | | | | | 1 | 1 Wages, tips, other compensation | | | | 2 Federal income tax withheld | | | | |
| 14-9521405 | | | | | | 80633.86 | | | | 15317.04 | | | | |
| c Employer's name, address, and ZIP code | | | | | 3 Social security wages | | | | 4 Social security tax withheld | | | | | |
| Hines LLC Group | | | | | 63967.09 | | | | 4893.48 | | | | | |
| 929 Gonzalez Courts Suite 455 Johnsonport OK 64090-7318 | | | | | 5 Medicare wages and tips | | | | 6 Medicare tax withheld | | | | | |
| | | | | | 77073.67 | | | | 2235.14 | | | | | |
| | | | | | 7 Social security tips | | | | 8 Allocated tips | | | | | |
| | | | | | 63967.09 | | | | 77073.67 | | | | | |
| d Control number | | | | | 9 Advance EIC payment 10 Dependent care benefits | | | | | enefits | | | | |
| 3569155 | | | | | 1 | | | | | 107 | 107 | | | |
| e Employee's first name and initial Last name | | | | | 11 Nonqualified plans | | | | 12a See instructions for box 12 | | | | | |
| Isaac Nixon 97273 Rodriguez Manor West Robert GA 57684-3016 | | | | | 256 | | | | 3534 | | | | | |
| | | | | | 13 Statutory Retirement Third-party employee plan sick pay | | | | 12b | ı | i | | | |
| | | | | | | | | | | G | 290 | 0 | | |
| | | | | | 14 Other (see enclosed Notice to Employee) | | | yee) | 12c | | | | | |
| | | | | | | | | | 862 | | | | | |
| | | | | 12d | | | | | | | | | | |
| | | | | | | | | | | P | 574 | | | |
| f Emplo | ovee's address and ZIP code | 9 | | | | | | ŀ | | | | | | |
| 15 State | Employer's state ID nu | mber | 16 State wages, tips, etc. | 17 State income tax | | 18 Local | wages, tips, etc. | 19 L | ocal inco | me tax | | 20 Locality | name | |
| LA | 776-56 | -597 | 38706.14 | 2756.91 | | 61963.35 1 | | 15 | 5021.79 | | | Matthew | Harbor | |
| NM | 547-33 | 547-33-367 40033.7 2452.34 | | | 81198.53 | | | 15 | 5779.75 | | | Moore | Fork | |

Wage and Tax

Statement Form W-2

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.

| R | EISSUED | 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 676 30 1007 | | | | | this income is taxable and you fail to report it. | | | | | | | | |
| b Employer identification number | | | | | 1 Wages, tips, other compensation | | | | Federal income tax withheld | | | | | |
| | 14-9521405 | | 80633.86 | | | | 15317.04 | | | | | | | |
| c Employ | yer's name, address, and | ZIP code | 3 Social security wages | | | | 4 Social security tax withheld | | | | | | | |
| Hines LLC Group | | | | | | 63967.09 | | | | 4893.48 | | | | |
| 929 Gonzalez Courts Suite 455 | | | | | 5 Medicare wages and tips | | | | 6 Medicare tax withheld | | | | | |
| Johnsonport OK 64090-7318 | | | | | | 77073.67 7 Social security tips | | | | 2235.14 8 Allocated tips | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | d Control number | | | | | | 9 Advance EIC payment | | |
| 3569155 | | | | | | | | | | 107 | | | | |
| e Employee's first name and initial Last name | | | | | | 11 Nonqualified plans | | | | 12a See instructions for box 12 | | | | |
| | | | | | 256 | | | | 3534 | | | | | |
| Isaac Nixon 97273 Rodriguez Manor West Robert GA 57684-3016 | | | | | | tory Retirement Third-party | 12b | | | | | | | |
| | | | | | | x X x Sick pay 14 Other (see enclosed Notice to Employee) | | | | G 290 | | | | |
| | | | | | | | | | | 12c | | | | |
| West Robert GA 37004 3010 | | | | | | | | | 862 | | | | | |
| | | | | | | | | 12d | | i. | | | | |
| | | | | | | | | | | 574 | | | | |
| | yee's address and ZIP co | | | | | <u></u> | , | | | | | | | |
| 15 State | Employer's state ID n | | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips, etc. | | Local inc | | | 20 Locality | name | | |
| LA | 776-56 | 6-597 | 38706.14 | 2756.91 | | 61963.35 | 15 | 021 | .79 | | Matthew | Harbor | | |
| NM | 547-33 | 3-367 | 40033.7 | 2452.34 | | 81198.53 | 15 | 779 | . 75 | | Moore | Fork | | |

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

