REISSUED a Employee's	social security number		Safe, Accurate,					S Website			
STATEMENT	382-81-7370	OMB N	o. 1545-00	08 FAST! Use	e	**file	at www.irs.g	ov/efile.			
b Employer identification number			1 W	ages, tips, other compe	nsation	2 Federal income tax withheld					
63-1703080				80906.28		14100.21					
c Employer's name, address, and ZIP code			3 S	ocial security wages		4 Social security tax withheld					
Hughes-Bryant PLC				59150.9		4525.04					
38026 Melody Parkways Suite 155			5 M	ledicare wages and tips		6 Medicare tax withheld					
Keithfort MD 98578-1038				97945.64		2840.42					
			7 S	ocial security tips		8 Allocated tips					
				59150.9			97945.64				
d Control number			9 A	dvance EIC payment		10 Depen	dent care benefi	its			
4450959						142					
e Employee's first name and initial Las	t name		11 N	onqualified plans		12a See in	structions for b	oox 12			
Tracy Cervantes			247			D 4097					
			13 Statut		Third-party sick pay	12b					
468 Jones Divide Apt. 032			X	yee plan	SICK Pay	G	G 722				
West Carrieville OH 80437-2406			14 0	ther (see enclosed Notice	e to Employee) 12c	12c				
						D	D 939				
						12d	12d				
						P	564				
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, tips, e		9 Local income ta:	x 20	Locality name			
NV 041-36-734	40110.74	2749.05		63270.26	53270.26 10		A.	lexis Creek			
ID 721-65-320	38380.99	3238.47		100986.22		3211.74	Fi	isher Hollow			

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	REISSUED	a Employee's soc	•		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									
	TATEMENT	3	82-81-7370	OMB No	OMB No. 1545-0008 this income is taxable and you fail to report it.									
b Employer identification number				1 Wages, tips, other compensation					Federal income tax withheld					
63-1703080					80906.28					14100.21				
c Employer's name, address, and ZIP code					3 Social security wages					4 Social security tax withheld				
Hughes-Bryant PLC					59150.9					4525.04				
38026 Melody Parkways Suite 155 Keithfort MD 98578-1038				5 Medicare wages and tips					6 Medicare tax withheld					
				97945.64					2840.42					
				7 Social security tips					8 Allocated tips					
					59150.9					97945.64				
d Control number				9 Advance EIC payment 10				Dependent care benefits						
4450959											142			
e Employee's first name and initial Last name			11 Nonqualified plans				12a See instructions for box 12							
Mara and Comments a			247					D 4097						
Tracy Cervantes			13 Statutory Retirement Third-party employee plan sick pay					12b		1				
468 Jones Divide Apt. 032			G G				G	722						
West Carrieville OH 80437-2406			14 Other (see enclosed Notice to Employee)				12c							
									D	939				
							-	12d						
									P	564				
	yee's address and ZIP co			•										
15 State	Employer's state ID n		16 State wages, tips, etc.	17 State income tax			al wages, tips	s, etc.			come tax	(20 Locality	name
NV	041-3	6-734	40110.74	2749.05)5		63270.26			0246.49			Alexis	Creek
ID	721-6	5-320	38380.99	3238.47		100986.22		82	3211.74			Fisher	Hollow	

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

