REISSUED	a Employee's soc	•		Safe, Accurate,				Visit the IRS Website			
STATEMENT	. 6	02-67-7434	OMB N	o. 1545-00	008 FAS	T! Use	G	file	at www.i	rs.gov/efile.	
b Employer identification number				1 Wages, tips, other compensation				2 Federal income tax withheld			
10-3943671				213695.35				24712.56			
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld			
Hernandez, Hansen and Shields Inc				231456.11				17706.39			
48227 Brewer Turnpike Suite 121 North Brookeborough NM 05234-9796				5 Medicare wages and tips				6 Medicare tax withheld			
				231065.69				6700.91			
				7 Social security tips				8 Allocated tips			
				231456.11				231065.69			
d Control number				9 Advance EIC payment			1	10 Dependent care benefits			
723223									276		
e Employee's first name and initial Last name				11 Nonqualified plans			1	12a See instructions for box 12			
				218				2357			
Dawn Fritz				13 Statutory Retirement Third-party employee plan sick pay			1	I2b	1		
856 Keith Harbor Apt. 417				X		X		P	446		
Ryanview WI 94275-5086				14 (Other (see enclos	ed Notice to Emplo	/ee) 1	12c			
Ryanview Wi 34273 3000								G	824		
							1	12d			
									716		
f Employee's address and 15 State Employer's st		I de Ctata managatina ata	17 State income tax		40		10 22	al income tax		20 1 1:	
	ate ID number	16 State wages, tips, etc.			18 Local wage:	• •			i.	20 Locality name	
TN 98	1-25-993	114946.9	4582.45		184078	. 97	337	50.28		Stephenson Spur	
AZ 97	7-13-357	117435.27	5621.32		161255	. 58	269	83.45		Knox Ways	

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 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							
S	TATEMENT	6	02-67-7434	OMB	OMB No. 1545-0008 to line a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.							
b Emplo	b Employer identification number				1 \	1 Wages, tips, other compensation			2 Federal income tax withheld			
	10-3943671					213695.35			24712.56			
c Employer's name, address, and ZIP code				3 3	3 Social security wages			4 Social security tax withheld				
Hernandez, Hansen and Shields Inc					231456.11			17706.39				
48227 Brewer Turnpike Suite 121				5 1	5 Medicare wages and tips			6 Medicare tax withheld				
					231065.69			6700.91				
	North Brookeborough NM 05234-9796				7 5	7 Social security tips			8 Allocated tips			
					231456.11			231065.69				
d Contro	d Control number				9 /	9 Advance EIC payment			10 Dependent care benefits			
	723223								276			
e Employee's first name and initial Last name					11 1	11 Nonqualified plans			12a See instructions for box 12			
Dawn Fritz					218			2357				
					13 Statutory Retirement Third-party employee plan sick pay			i				
856 Keith Harbor Apt. 417					X	х		P	446			
Ryanview WI 94275-5086				14 (Other (see enclosed Notice to Employ	yee)	12c	i				
								G 824				
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									716			
f Employee's address and ZIP code 15 State					140 11 4:4-	10.1	ocal income tax		00			
15 State	1 -3		16 State wages, tips, etc.		iΧ	18 Local wages, tips, etc.				20 Locality name		
TN	984-25	0-993	114946.9	4582.45		184078.97 33		3750.28		Stephenson Spur		
AZ	977-13	3-357	117435.27	5621.32		161255.58 26		983.45		Knox Ways		

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

