|   | CLOOOLD                    | a Employee's socia | l security number | OMB N   | o. 1545-0                                  | Safe, Ac                                    | 16       | s <b>e</b> 1 | file                                  |              | IRS Website      |  |
|---|----------------------------|--------------------|-------------------|---------|--|---|----------|--------------|---------------------------------------|--------------|------------------|--|
|   | Ver identification number  | 72                 | .5 40 0045        | OWID IV |  |   |          |              | 2 Federa                              |              | Ü                |  |
|   | 75-1618704                 |                    |                   |         |  | 1 Wages, tips, other compensation 242353.95 |          |              | Federal income tax withheld  66000.12 |              |                  |  |
|   | yer's name, address, and 2 | 7IP code           |                   |         | 3 5  |   |          |              | 4 Social security tax withheld        |              |                  |  |
|   |                            |                    |                   |         |  | 191154.72                                   |          |              | 14623.34                              |              |                  |  |
| Mendoza-Matthews Group  |                            |                    |                   |         | 5 Medicare wages and tips                  |   |          |              | 6 Medicare tax withheld               |              |                  |  |
| 712 Haley Meadow<br>West Jeremymouth MD 23850-8575  |                            |                    |                   |         | 9 '  |   |          |              |                                       |              |                  |  |
|   |                            |                    |                   |         | 200054.81                                  |   |          |              | 5801.59                               |              |                  |  |
|   |                            |                    |                   |         | 7 Social security tips                     |   |          |              | 8 Allocated tips                      |              |                  |  |
|   |                            |                    |                   |         | 191154.72                                  |   |          |              | 200054.81                             |              |                  |  |
| d Control number  |                            |                    |                   |         | 9 /  | Advance EIC payment                         |          | 10           | <b>D</b> epen                         | dent care be | enefits          |  |
| 3827600   |                            |                    |                   |         |  |   |          |              |                                       | 214          |                  |  |
| e Employee's first name and initial Last name   |                            |                    |                   |         | 11 Nonqualified plans                      |   |          | 1:           | 12a See instructions for box 12       |              |                  |  |
|   | Jose Booker                |                    |                   |         |  | 216   |          |              |                                       | 5522         |                  |  |
|   |                            |                    |                   |         |  | 13 Statutory Retirement Third-party         |          |              |                                       | 12b          |                  |  |
| 27374 Henderson Oval<br>Lake James NJ 32949-6377  |                            |                    |                   |         | employee plan sick pay                     |   |          |              | G 908                                 |              |                  |  |
|   |                            |                    |                   |         | 14 Other (see enclosed Notice to Employee) |   |          | ree) 12      | 12c                                   |              |                  |  |
| 24.10 04.1.00   |                            |                    |                   |         |  |   |          |              | P                                     | 273          |                  |  |
|   |                            |                    |                   |         |  |   |          | 1:           | 12d                                   |              |                  |  |
|   |                            |                    |                   |         |  |   |          |              |                                       |              |                  |  |
|   |                            |                    |                   |         |  |   |          |              | 959                                   |              |                  |  |
| 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                        | oto      | 10   000     | al income ta:                         | ,            | 20 Locality name |  |
|   |                            |                    | =                 |         |  |   |          |              |                                       | •            | 1                |  |
| MS  | 023-25                     |                    | 119129.57         | 8241.63 |  | 172528.54                                   | <u> </u> | 3122         | 25.01                                 |              | Kayla Gardens    |  |
| WA  | 680-75                     | -507               | 130927.44         | 9297.86 |  | 207103.82                                   | 2        | 3427         | 73.62                                 |              | Emily Bypass     |  |
| l l   |                            |                    | 1                 |         |  | L   |          |              |                                       |              |                  |  |

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                                      | JED a Employee's social security number  This information is being furnished to the Internal Revenue Service. If you are |                            |   |                                     |  |      |                            |                                 |                  |  |
|---|---|--|----------------------------|---|-------------------------------------|--|------|----------------------------|---------------------------------|------------------|--|
| S   | TATEMENT                                      | 72   | 25-40-6045                 | 5 OMB No. 1545-0008 to file 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>b</b> Emplo                                  | b Employer identification number              |  |                            |   |                                     | 1 Wages, tips, other compensation          |      |                            | 2 Federal income tax withheld   |                  |  |
| 75-1618704                                      |   |  |                            |   | 242353.95                           |  |      | 66000.12                   |                                 |                  |  |
| <b>c</b> Emplo                                  | c Employer's name, address, and ZIP code      |  |                            |   |                                     | 3 Social security wages                    |      |                            | 4 Social security tax withheld  |                  |  |
| Mendoza-Matthews Group                          |   |  |                            |   | 191154.72                           |  |      | 14623.34                   |                                 |                  |  |
| 712 Haley Meadow West Jeremymouth MD 23850-8575 |   |  |                            |   | 5 Medicare wages and tips           |  |      | 6 Medicare tax withheld    |                                 |                  |  |
|   |   |  |                            |   | 200054.81                           |  |      | 5801.59                    |                                 |                  |  |
|   |   |  |                            |   | 7 Social security tips              |  |      | 8 Allocated tips           |                                 |                  |  |
|   |   |  |                            |   | 191154.72                           |  |      | 200054.81                  |                                 |                  |  |
| d Control number                                |   |  |                            |   | 9 Advance EIC payment               |  |      | 10 Dependent care benefits |                                 |                  |  |
|   | 3827600                                       |  |                            |   |                                     |  |      |                            | 214                             |                  |  |
| e Emplo   | e Employee's first name and initial Last name |  |                            |   |                                     | 11 Nonqualified plans                      |      |                            | 12a See instructions for box 12 |                  |  |
|   |   |  |                            |   |                                     | 216  |      |                            | 5522                            |                  |  |
|   | Jose Booker                                   |  |                            |   | 13 Statutory Retirement Third-party |  |      | 12b                        |                                 |                  |  |
| 27374 Henderson Oval                            |   |  |                            |   | employee plan sick pay              |  |      | G                          | 908                             |                  |  |
|   | Lake James NJ 32949-6377                      |  |                            |   |                                     | 14 Other (see enclosed Notice to Employee) |      |                            | 120                             |                  |  |
|   |   |  |                            |   |                                     |  |      |                            | I                               |                  |  |
|   |   |  |                            |   |                                     |  |      |                            | P 273                           |                  |  |
|   |   |  |                            |   |                                     |  |      | 12d                        | i                               |                  |  |
|   |   |  |                            |   |                                     |  |      |                            | 959                             |                  |  |
| f Employee's address and ZIP code               |   |  |                            |   |                                     |  |      |                            |                                 |                  |  |
| 15 State  | Employer's state ID no                        | umber  | 16 State wages, tips, etc. | 17 State income tax   |                                     | 18 Local wages, tips, etc.                 | 19 L | _ocal income t             | ax                              | 20 Locality name |  |
| MS  | 023-25  | 5-032  | 119129.57                  | 8241.63   |                                     | 172528.54                                  | 31   | 225.01                     |                                 | Kayla Gardens    |  |
| WA  | 680-75  | 5-507  | 130927.44                  | 9297.86   |                                     | 207103.82                                  | 34   | 273.62                     | !                               | Emily Bypass     |  |

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

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