R	REISSUED a Employee's social security number				Safe, Accurate,				Visit the IRS Website				
ST	TATEMENT	28	80-96-5377	OME	3 No. 1545-0	DOS FAST	Use	*G~	file	at www.i	rs.gov/efile.		
b Employ	yer identification number				1 \	1 Wages, tips, other compensation				2 Federal income tax withheld			
	33-0179104					71292.15				22405.22			
c Emplo	yer's name, address, and Z	IP code			3 5	3 Social security wages				4 Social security tax withheld			
Flores, Hubbard and Franklin Inc						59800.89				4574.77			
638 Jennifer Springs					5 1	l				6 Medicare tax withheld			
	Adamsmouth OR 71848-7881					65211.43				1891.13			
Adamsmoden on 71040 7001					/ 3	7 Social security tips				8 Allocated tips			
						59800.89				65211.43			
d Contro					9 /	9 Advance EIC payment			10 Dependent care benefits				
4858295									287				
e Employee's first name and initial Last name					11 1	11 Nonqualified plans			12a See instructions for box 12				
						300				4755			
	Robert Benson					13 Statutory Retirement Third-party employee plan sick pay				12b			
84813 Eric Way Apt. 116 North Amberborough AR 94257-					emp	employee plan sick pay X Other (see enclosed Notice to Employee)				н 685			
					14 (ı			
										E 201			
										12d			
									595				
f Employee's address and ZIP code										393			
15 State	Employer's state ID nun		16 State wages, tips, etc.	17 State income to	ax	18 Local wages,	tips, etc.	19 Loc	cal income tax	(20 Locality name		
ТX	901-77	-594	36999.45	2903.07		77272.5	•	118	15.19		Melissa Shoal		
				 		 		+			†		
MN	661-57	-909	37030.53	2672.65		63242.6		728	3.25		Briana Corner		
						•					<u> </u>		

Wage and Tax

Form W-2 **Statement**Copy B--To Be Filed with Employee's FEDERAL Tax Return

ent 2010

Department of the Treasury--Internal Revenue Service

This information is being furnished to the Internal Revenue Service.

Cut here. Keep lower portion for your records.

REISSUED	a Employee's soci	al security number			This information	is being furnis	hed to the	Internal Re	venue Serv	rice. If you are required			
STATEMENT	28	30-96-5377	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 Employer identification number					Wages, tips, other compensation			2 Federal income tax withheld					
33-0179104					71292.15				22405.22				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld					
Flores, Hubbard and Franklin Inc					59800.89			4574.77					
638 Jennifer Springs					5 Medicare wages and tips				6 Medicare tax withheld				
					65211.43				1891.13				
Adamsmouth	Adamsmouth OR 71848-7881					7 Social security tips				8 Allocated tips			
					59800.89			65211.43					
d Control number					9 Advance EIC payment			10 Dependent care benefits					
4858295									287				
e Employee's first name and init	al Last nam	е		11 N	11 Nonqualified plans			12a See instructions for box 12					
Robert	Robert Benson					300				4755			
Robert Benson					13 Statutory Retirement Third-party employee plan sick pay			12b					
84813 Eri	84813 Eric Way Apt. 116					L x			н 685				
North Amb	14 (14 Other (see enclosed Notice to Employee)				12c							
	North Amberborough AR 94257-									E 201			
							12	2d	1				
									595				
f Employee's address and ZIP		Trans	T.= -		1					T			
15 State Employer's state ID		16 State wages, tips, etc.	17 State income t	ax	1.0			l income ta:	20 Locality name				
TX 901-7	7-594	36999.45	2903.07		77272.53 1		1181	.1815.19		Melissa Shoal			
MN 661-5	7-909	37030.53	2672.65		63242.6		7283	3.25		Briana Corner			

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

