	a Employee's s	social security number	OMB No	o. 1545-00	Safe, Accurate, 08 FAST! Use	e -	V HI		IRS Website rs.gov/efile.	
b Employer identification number (EIN) 16-3881594				1 Wages, tips, other compensation 217120.42			2 Federal income tax withheld 50770.1			
c Employer's name, address, and ZIP code Cooper-Novak PLC				3 Social security wages 239522.37			4 Social security tax withheld 18323.46			
78053 Anna Drive Jonesview SD 72588-2197				5 Medicare wages and tips 215044.96			6 Medicare tax withheld 6236.3			
d Control number					7 Social security tips 239522.37 9 Verification Code			8 Allocated tips 215044.96 10 Dependent care benefits		
7:					126					
e Employee's first name and initial Renee Hart 92784 Debbie Wells Scottside DE 57377-5578				11 Nonqualified plans 216 13 Statutory Retirement Third-party employee plan sick pay			12a See instructions for box 12 B E 2050 12b C			
							g Y 900			
				14 Other			12c c d M 506			
							12d C d e EE	395		
f Emplo	f Employee's address and ZIP code 5 State			18 Local wages, tips, etc. 19		10.1	9 Local income tax 20 Locality name			
	' '	9			0	_			,	
IA	854-64-041	103066.22	7565.62		189771.1	34	405.4		Cline Drives	
IA	672-92-967	118633.38	6610.71		246759.56	29	810.85		Robert Branch	

Wage and Tax Statement

Form W-2

5078

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.