| a Employee's | social security number | OMB N | o. 1545-0008 | Safe, Accurate, FAST! Use | (RSE) | √file | Visit the IRS Website at www.irs.gov/efile. | | |
|--|----------------------------|---------------------|---|---|-------|---|---|--|--|
| b Employer identification number (EIN) 34-5282093 | | | | 1 Wages, tips, other compensation 146910.41 | | | 2 Federal income tax withheld 27685.88 | | |
| c Employer's name, address, and ZIP code Hardy, Larson and Washington LLC | | | 3 Social security wages 169265.76 | | | 4 Social security tax withheld 12948.83 | | | |
| 2115 Peterson Stream Apt. 289 | | | 5 Medicare wages and tips 168557.71 | | | 6 Medicare tax withheld 4888.17 | | | |
| Davidton CA 29224-5134 | | | 7 Social security tips 169265.76 | | | 8 Allocated tips 168557.71 | | | |
| d Control number | | | 9 | | | • | dent care benefits 147 | | |
| e Employee's first name and initial Last name Suff. Pedro Lee | | | 11 Nonqualified plans 262 13 Statutory Retirement Third-party | | | 12a See instructions for box 12 C | | | |
| 77063 Christopher Grove Apt. 332 South Jonathan NY 65175-1508 | | | employe X | e plan sick | 1 7 | C | 476 | | |
| | | | 14 Onei | | | C G P 12d | 583 | | |
| | | | | | | 12d C d e V | 493 | | |
| f Employee's address and ZIP code | AC Chata was as time of | 147 Ctata in some 1 | | O Landana dan ata | 140 | and in annual for | | | |
| 15 State Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips, etc. | | ocal income tax | 20 Locality name | | |
| AR 059-38-011 | 69597.04 | 7745.82 | 1 | 164795.05 | | 441.7 | Rebecca View | | |
| CA 920-33-059 | 71916.45 | 5524.37 | 1 | .76724.67 | 18 | 923.47 | Lori Turnpike | | |

Wage and Tax
Statement

5074

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.

| | a Employee's | This information is being furnished to the Internal Revenue Service. If you are required | | | | | | | | | | | | | | | | | |
|--|--|--|--|---|--|--|-------------|---------------|------------------|-------------|-------|--|--|---|-----------|--|----------------|--------------|---------|
| | | 469-79-2403 | OMB N | 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 | r identification number | | * | 1 ' | Wages, tips, other compensation | | 2 Fede | ral income ta | x withheld | | | | | | | | | | |
| 34-5282093 | | | 146910.41 | | | 27685.88 | | | | | | | | | | | | | |
| c Employer's name, address, and ZIP code | | | 3 Social security wages | | | 4 Social security tax withheld | | | | | | | | | | | | | |
| Hardy, Larson and Washington LLC | | | 169265.76 | | | 12948.83 | | | | | | | | | | | | | |
| 2115 Peterson Stream Apt. 289 Davidton CA 29224-5134 | | | 5 Medicare wages and tips 168557.71 7 Social security tips | | | 6 Medicare tax withheld 4888.17 8 Allocated tips | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | 169265.76 | | | 1685 | 57.71 |
| | | | | | | | | | | d Control n | umber | | | 9 | | | 10 Depe | ndent care b | enefits |
| 7 | 47534 | | | | | | | 147 | | | | | | | | | | | |
| e Employee | e's first name and initial Las | t name | Suff. | 11 | Nonqualified plans | | 12a See | instructions | for box 12 | | | | | | | | | | |
| P | edro Lee | | | 13 State | 262 utory Retirement Third-party loyee plan sick pay | | J | 9804 | | | | | | | | | | | |
| 77063 Christopher Grove Apt. 332 South Jonathan NY 65175-1508 | | | X | | | Q | 476 | | | | | | | | | | | | |
| | | | | | | 12c | i i | | | | | | | | | | | | |
| | | | | | | P | 583 | | | | | | | | | | | | |
| | | | | | | F | 12d | | | | | | | | | | | | |
| | | | | | | | | 400 | | | | | | | | | | | |
| | | | | | | | v | 493 | | | | | | | | | | | |
| f Employee | e's address and ZIP code Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips, etc. | 19 L | ocal income | ax | 20 Locality name | | | | | | | | | | |
| AR | 059-38-011 | 69597.04 | 7745.82 | | 164795.05 | - | 441.7 | - | Rebecca Vie | | | | | | | | | | |
| | | | 7,43.02 | | 104/93.03 | 20. | · | | Rebecca Vie | | | | | | | | | | |
| CA | 920-33-059 | 71916.45 | 5524.37 | | 176724.67 | 189 | 923.47 | 7 | Lori Turnpik | | | | | | | | | | |

Wage and Tax

Form W-2 **Statement**Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on the back of Copy B.)'



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

