F	REISSUED	a Employee's socia	•				Safe, Accu	irate,	• •			Visit the	IRS Webs	ite
S	TATEMENT	07	77-49-4905	OMB N	o. 1545-	-0008	FAST! Us	e T	G _		le)	at www.i	rs.gov/efile) .
b Emplo	yer identification number			<u>.</u>	1	1 Wages, tips, other compensation				2 Federal income tax withheld				
37-2766773						55151.93				16606.17				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld				
Richardson-Brown PLC					67588.01					5170.48				
2936 Howard Radial West Raymond NV 44735-6958					5 Medicare wages and tips					6 Medicare tax withheld				
					50518.06					1465.02				
					7 Social security tips					8 Allocated tips				
					67588.01					50518.06				
d Control number					9	Advance	EIC payment			10	Depend	lent care be	enefits	
4741345												238		
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12					
					210				G 8500					
April Hensley 31403 David Circles Suite 863 West Erinfort WY 45881-3334						13 Statutory Retirement Third-party employee plan sick pay					12b			
						14 Other (see enclosed Notice to Employee)					489			
										12c		I		
											D	999		
									Ī	12d				
											G	381		
f Emplo	yee's address and ZIP cod	e							-			ı		
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		19 L	9 Local income tax			20 Locality	/ name	
DC	786-41	-049	28287.19	1608.75		44590.58 6		68	842.08			Rocha	Wells	
со	239-95	-269	29750.61	2279.5		57464.5		90	9061.93			Rodrigue	z Trail	

Wage and Tax Statement 5070

Department of the Treasury--Internal Revenue Service

Form W-2 Statement
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.

R	REISSUED a Employee's social security number This information is being furnished to the Internal Revenue Service. If yo to file a tax return, a negligence penalty or other sanction may be impose													
ST	STATEMENT 077-49-4905 OMB No. 1545-0008 to line a tax return, a negligence penalty of other san this income is taxable and you fail to report it.							t.			ı you ii			
b Employer identification number					1 Wages, tips, other compensation				2 Federal income tax withheld					
37-2766773						55151.93				16606.17				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld				
Richardson-Brown PLC						67588.01				5170.48				
2936 Howard Radial West Raymond NV 44735-6958						5 Medicare wages and tips 50518.06				6 Medicare tax withheld				
										1465.02				
						7 Social security tips				8 Allocated tips				
						67588.01				50518.06				
d Control number						9 Advance EIC payment				10 Dependent care benefits				
4741345										238				
e Employee's first name and initial Last name						11 Nonqualified plans				12a See instructions for box 12				
April Hensley 31403 David Circles Suite 863 West Erinfort WY 45881-3334					210 13 Statutory Retirement Third-party				G 8500					
					employee plan sick pay									
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					14 Other (see enclosed Notice to Employee)				12c					
									D 999					
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f Employ 15 State	vee's address and ZIP coo		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	140	Lasalias			20 Locality			
	Employer's state ID no		9					19 Local income tax			1	•		
DC	786-41	L-U49	28287.19	1608.75	44590.58		68	6842.08			Rocha	Wells		
со	239-95	5-269	29750.61	2279.5		57464.5	9	061.	93		Rodrigue	z Trail		

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

