

020344-50

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with 8-10-05 (entire DN)
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PPC

a Control number 6		Copy D For Employer. OMB No. 1545-0047	
b Employer identification number 65-0625963		1 Wages, tips, other comp. 42400.00	2 Fed. income tax withheld 12656.40
c Employer's name, address, and ZIP code SOUTHERNMOST INSURANCE AGENCY, INC. 1104 TRUMAN AVE KEY WEST FL 33040		3 Social security wages 42400.00	4 Soc. sec. tax withheld 2628.80
		5 Medicare wages and tips 42400.00	6 Medicare tax withheld 614.80
		7 Social security tips	8 Allocated tips
d Employee's social security number		9 Advance EIC payment	10 Dependent care benefits
e Employer's first name and initial A. WAYNE		Last name LUJAN	
4 DRIETWOOD DRIVE KEY WEST FL 33040		11 Nonqualified plans	12a See inst. for box 12
f Employee's address and ZIP code		13a <input type="checkbox"/> Salaried employee's plan	12b
		13b <input type="checkbox"/> Non-salaried employee's plan	12c
15 State Employer's state ID number		16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.		19 Local income tax	20 Local filing status

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Wage and Tax
Form **W-2** Statement 2001

39-1508417 Department of the Treasury — Internal Revenue Service
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Total 145,900
avg rate 2805
+ 30hrs = 98.50/hr

Works 3hrs/day utility x 5 x 52 = 780 hrs/yr
Charges \$20,000 (43-1p3)
\$25.64/hr
Actually being paid \$93.50/hr
from all sources
Even if to worked 5 hrs estimated
rate would be \$57.28/hr

REDACTED

a Control number A10		22222	Void <input type="checkbox"/>	For Official Use Only OMB No. 1545-0048	
b Employer identification number 59-1147223		1 Wages, tips, other compensation \$ 103500.00		2 Federal income tax withheld \$ 36252.00	
c Employer's name, address, and ZIP code KEY HAVEN ASSOCIATED ENTERPRISES, INC. 1104 TRUMAN AVENUE KEY WEST, FL 33040		3 Social security wages \$ 80400.00		4 Social security tax withheld \$ 4984.80	
		5 Medicare wages and tips \$ 103500.00		6 Medicare tax withheld \$ 1500.75	
		7 Social security tips \$		8 Allocated tips \$	
		9 Advance EIC payment \$		10 Dependent care benefits \$	
d Employee's social security number		11 Nonqualified plans \$		12a See instructions for box 12 \$	
e Employee's first name and initial A. W.		Last name LUJAN		12b \$	
f Employee's address and ZIP code 1104 TRUMAN AVENUE KEY WEST, FL 33040		13 <input type="checkbox"/> Railway <input type="checkbox"/> Factorial <input type="checkbox"/> Discretionary <input type="checkbox"/> employee plan other pay plan		12c \$	
		14 Other \$		12d \$	
				12e \$	
g Employee's address and ZIP code					
11 State Employer's state ID number	f6 State wages, tips, etc. \$	17 State income tax \$	18 Local wages, tips, etc. \$	18 Local income tax \$	20 Unemployment \$

Form **W-2** Wage and Tax Statement

2001

06-2515302

Department of the Treasury—Internal Revenue Service

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Copy A For Social Security Administration—Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

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(43-1)

Per filing paid \$12000. Most of her salary is therefore charged to this co. However based on her estimated time, of 15 hrs. per week, this amounts to \$15.38/hr. which is not unreasonable.

PP

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Title: W-2 for Andrea L

1/14/02
1/15/02

Number 7		Copy D For Employer.	
Employer Identification number 65-0625963		OMB No. 1545-0048	
Employer's name, address, and ZIP code SOUTHERNMOST INSURANCE AGENCY, INC. 1104 TRUMAN AVE KEY WEST FL 33040		1 Wages, tips, other comp. 13220.00	2 Fed. income tax withheld 1022.00
Employee's social security number		3 Social security wages 13220.00	4 Soc. sec. tax withheld 819.64
		5 Medicare wages and tips 13220.00	6 Medicare tax withheld 191.82
Employee's first name and initial ANDREA		7 Social security tips	8 Allocated tips
Last name LUJAN		9 Advance EIC payment	10 Dependent care benefits
4 DRIFTWOOD DRIVE KEY WEST FL 33040		11 Nonqualified plans	12a See inst. for box 12
Employee's address and ZIP code		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b
		14 Other	12c
15 State Employer's state ID number FL		16 State wages, tips, etc. 13220.00	17 State income tax
		18 Local wages, tips, etc.	19 Local income tax
		20 Locality name	

Wage and Tax
Form **W-2** Statement 2001

30-1008647 Department of the Treasury — Internal Revenue Service
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