REISSUED a Employee's social security number		Safe, Accurate,				
STATEMENT 184-82-7397	OMB No. 1545-000	08 FAST! Use	et file at	t www.irs.gov/efile.		
b Employer identification number	1 W	ages, tips, other compensation	2 Federal in	come tax withheld		
02-1409110		156695.5	24809	24809.01		
c Employer's name, address, and ZIP code	3 So	ocial security wages	4 Social sec	4 Social security tax withheld		
Mercado-Reynolds and Sons		181657.24	13896	13896.78		
4629 Stafford Creek		edicare wages and tips				
East Justinchester WA 60517-3159		141041.36		4090.2		
East Justinchester WA 60517-5159	7 Sc	ocial security tips	8 Allocated t	8 Allocated tips		
		181657.24	1	.41041.36		
d Control number	9 Ad	dvance EIC payment	10 Dependen	10 Dependent care benefits		
438061			2	286		
e Employee's first name and initial Last name	11 No	onqualified plans	12a See instru	12a See instructions for box 12		
		247	н 6	5166		
John Yates	13 Statuto		12b			
1788 Mack Cape	emplo X	yee plan sick pay	н 3	358		
Pattontown WA 18520-5982	14 0	ther (see enclosed Notice to Employ	/ee) 12c			
racconcown WA 10320 3302			4	156		
			12d			
			P 5	520		
f Employee's address and ZIP code			F 13	020		
1 2/11 11 11 11 11 11 11 11 11 11 11 11 11	e income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
MT 212-03-699 79245.05 7330	0.55	198414.67	17265.8	Amy Centers		
MO 849-02-944 86002.17 9808	8.64	139065.97	29436.55	Ivan Mission		

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.

REISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are requ						
STATEMENT	18	34-82-7397	0	MB No. 1545-00	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			•	1 V	ages, tips, other compe	ensation	2	Federal i	income tax	withheld
02-1409110					156695.5		2	4809	.01	
c Employer's name, address, and Z	IP code			3 S	ocial security wages		4	Social se	ecurity tax w	vithheld
Mercado-Reynolds and Sons					181657.24			13896.78		
4629 Stafford Creek			5 N	ger and apr			6 Medicare tax withheld			
East Justinchester WA 60517-3159				141041.36			4090.2			
			7 S	7 Social security tips			8 Allocated tips			
					181657.24				14104	11.36
d Control number			9 A	9 Advance EIC payment			10 Dependent care benefits			
438061	438061							286		
e Employee's first name and initial Last name		11 N	11 Nonqualified plans			12a See instructions for box 12				
					247			H	6166	
John Yat	es			13 Statu		Third-party	12b			
1788 Mack	Cape			emplo	yee plan	sick pay		н	358	
Pattontown WA 18520-5982			14 C	14 Other (see enclosed Notice to Employee)			12c			
								450		
							12d		456	
							120	1		
								P.	520	
f Employee's address and ZIP code										
15 State Employer's state ID nun	nber	16 State wages, tips, etc.	17 State income	ie tax	18 Local wages, tips,	etc. 1	9 Local inc	ome tax		20 Locality name
MT 212-03	-699	79245.05	7330.55	5	198414.67	1	7265	. 8		Amy Centers
MO 849-02	-944	86002.17	9808.64	4	139065.97	2	29436	. 55		Ivan Mission

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

