REI	ISSUED	a Employee's socia	l security number				Safe, Accu	ırate,		H	Visit the	IRS Web	site	
STAT	TEMENT	38	2-93-6357	OMB N	o. 1545-	8000	FAST! Us	e	5~1	ile	at www.i	rs.gov/efil	e.	
b Employer in	identification number				1	Wages, tip	s, other compe	nsation	2	Federa	l income tax	withheld		
86-8384145					194397.61				32727.19					
c Employer's	s name, address, and Z	IP code			3 Social security wages				4	4 Social security tax withheld				
Hudson Ltd and Sons				187817.43					14368.03					
87388 Brandon Junctions Suite 906				5 Medicare wages and tips				6						
				185747.17					5386.67					
Ca	Carrolltown AR 83765-1410				7 Social security tips				8	8 Allocated tips				
							817.43					47.17	1	
d Control nur					9	Advance E	EIC payment		10	Depen	dent care be	enefits		
8042340									234					
e Employee's	s first name and initial	Last name			11	Nonqualifi	ed plans		12a	See in	structions 1	for box 12		
365					112					D 6483				
Mı	ichael	Perez			13 Sta	atutory nployee	Retirement plan	Third-party sick pay	12b		i			
15	15750 May River				employee plan sixx pay						642			
East Lauren NJ 05030-8729				Other (see enclosed Notice to Employee)				ee) 12c		ì				
									P	167				
								120	12d					
										н	343			
f =t										п	343			
	s address and ZIP code Employer's state ID nun		16 State wages, tips, etc.	17 State income tax		18 Loc	al wages, tips, e	etc.	19 Local	ncome ta:	(20 Locali	ty name	
AR	470-07		90013.06	8024.85			080.51		2412	9.91			Estate	
												† -		
MN	493-45	-537	95721.76	7074.56		142	438.31		3371	3.08		Lee	Fall	

Wage and Tax

Form W-2 Statement

5010

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.

F	REISSUED a Employee's	s social security number		This information is being furnished to the Internal Revenue Service. If you are required							
S	TATEMENT	382-93-6357	OMB N	OMB No. 1545-0008 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 Emplo	oyer identification number			1 \	Vages, tips, other compensation		2	Federal inco	ome tax withheld		
86-8384145				194397.61			32727.19				
c Emplo	c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Hudson Ltd and Sons				187817.43			14368.03				
	87388 Brandon Junctions Suite 906 Carrolltown AR 83765-1410				Medicare wages and tips	6 Medicare tax withheld 5386.67 8 Allocated tips					
					185747.17						
					Social security tips						
					187817.43	185747.17					
d Contro	d Control number				9 Advance EIC payment			10 Dependent care benefits			
	8042340							23	34		
e Emplo	e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
	Michael Perez 15750 May River East Lauren NJ 05030-8729				112			D 6483			
					tory Retirement Third-party	12b					
					oyee plan sick pay		64	12			
					Other (see enclosed Notice to Employ	12c					
								P 16	67		
							12d	- -`	· · · · · · · · · · · · · · · · · · ·		
							-		4.0		
								H 34	43		
f Emplo 15 State	byee'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	Local inco	me tax	20 Locality name		
AR	470-07-990	90013.06	8024.85	1.5 = 5.50			129.		Emily Estate		
AK			0024.03		13,000.31	23	129	<i>)</i> <u> </u>	Emily Estate		
MN	493-45-537	95721.76	7074.56	6 142438.31 33			718.	08	Lee Fall		

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

