REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website						
STATEMENT	651-02-4367	OMB No	o. 1545-00	008 FAST! Use	G^{γ}		at www.irs	.gov/efile.		
b Employer identification number			1 V	Vages, tips, other compensation		2 Federal	l income tax v	vithheld		
54-3410815				76129.33			14961.51			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Torres-Gutierrez PLC				92823.32			7100.98			
25430 Vincent Club Apt. 206 West Andrew AL 82091-8454			5 Medicare wages and tips			6 Medicare tax withheld				
				66079.92		1916.32				
west Andrew AL 62091-6454			7 Social security tips			8 Allocated tips				
				92823.32			66079			
d Control number			9 Advance EIC payment 10 Dependent care b				efits			
7920651							123			
e Employee's first name and initial Last name			11 Nonqualified plans 12a See instructions			structions fo	r box 12			
Dr. John 863 Hester Creek Rossbury TX 17961-3423			136			P 7088				
			13 Statutory Retirement Third-party employee plan sick pay 14 Other (see enclosed Notice to Employee)			12b	i			
							303			
						12c	İ			
						H	649			
						12d				
						D	336			
f Employee's address and ZIP code							l			
15 State Employer's state ID number	er 16 State wages, tips, etc.	17 State income tax	•	18 Local wages, tips, etc.	19 Lo	cal income tax	:	20 Locality name		
MO 960-66-5	39223.65	2681.46		87501.3	136	572.28	ı	William Loaf		
ND 700-50-0	089 38481.7	3445.97		89462.35	143	343.51		George Neck		

Wage and Tax

Statement Form W-2

5070

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.

						This is former than in his in a family	L . I.	. (1 1. (1		
F	REISSUED	a Employee's soci	•		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if					
S	TATEMENT	6.	51-02-4367	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.					
b Emplo	oyer identification number				1	Wages, tips, other compensation		2 Fede	eral income ta	x withheld
54-3410815				76129.33			14961.51			
c Emplo	oyer's name, address, and 2	ZIP code			3 Social security wages			4 Social security tax withheld		
Torres-Gutierrez PLC				92823.32			7100.98			
25430 Vincent Club Apt. 206			5 Medicare wages and tips			6 Medicare tax withheld				
			66079.92			1916.32				
	West Andrew AL 82091-8454			7 Social security tips			8 Allocated tips			
						92823.32			6607	9.92
d Contro	ol number				9	Advance EIC payment		10 Dep	endent care b	enefits
7920651				123						
e Employee's first name and initial Last name			11 Nonqualified plans 12a See instructions for box 12			for box 12				
			136			P 7088				
	Dr. John				13 Stat			12b		
863 Hester Creek				emp	loyee plan sick pay			303		
Rossbury TX 17961-3423			14 Other (see enclosed Notice to Employee)			12c				
				p	,,					
								H	649	
								12d	1	
								D	336	
	oyee's address and ZIP cod	е								
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local income tax 20 Locality name		20 Locality name
MO	960-66	-575	39223.65	2681.46		87501.3	13	672.28 William Loaf		
ND	700-50	-089	38481.7	3445.97		89462.35	14	1343.51 George Necl		

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

