RE	EISSUED	a Employee's socia	•			Safe	, Accurate,	880	<i>Ella</i>	Visit the	IRS Website		
STA	ATEMENT	40	0-18-3267	OMB	No. 1545-0	008 FAS	T! Use	G	file	at www.i	rs.gov/efile.		
b Employer identification number					1 '	1 Wages, tips, other compensation			Federal income tax withheld				
86-3619959						65875.11			10638.61				
c Employe	r's name, address, and Z	IP code			3	3 Social security wages			4 Social security tax withheld				
Dennis-Erickson Ltd						65432.67			5005.6				
66656 Johnson Brook Suite 053 Lake Amy PA 21885-2099					5	ggp				6 Medicare tax withheld			
						83187.62				2412.44			
					7 :	7 Social security tips				8 Allocated tips			
						65432.67			83187.62				
d Control n	number				9 /	9 Advance EIC payment			10 Dependent care benefits				
3937814									239				
e Employee's first name and initial Last name					11	11 Nonqualified plans			12a See instructions for box 12				
Alison Martinez 19447 Renee Parkways New Catherine WY 93672-4822						239			н 2262				
						13 Statutory Retirement Third-party sick pay X							
										629			
					14					12c			
										806			
									12d				
										652			
f Employe	e's address and ZIP code	2								032			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income ta	x	18 Local wage	s, tips, etc.	19 Loca	al income ta	(20 Locality name		
NV	909-36	-601	33773.73	2187.65		62539.27 1		1036	0363.89		Young Springs		
MT	888-44	-906	35833.82	3396.36		75521.36 12		1224	12248.51		Jimmy Isle		

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.

F	REISSUED	a Employee's soc	ial security number		This information is being furnished to the Internal Revenue Service. If you are required							
S	TATEMENT	4	00-18-3267	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	b Employer identification number					1 Wages, tips, other compensation			2 Federal income tax withheld			
86-3619959					65875.11			10638.61				
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Dennis-Erickson Ltd					65432.67			5005.6				
66656 Johnson Brook Suite 053 Lake Amy PA 21885-2099					5 Medicare wages and tips			6 Medicare tax withheld				
					83187.62			2412.44				
					7 Social security tips			8 Allocated tips				
					65432.67			83187.62				
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	3937814								239			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
					239			н 2262				
	Alison Martinez				13 Statutory Retirement Third-party			I2b				
19447 Renee Parkways					employee plan sick pay			629				
					14 Other (see enclosed Notice to Employee)			120				
	New Catherine WY 93672-4822					14 Other (see enclosed Notice to Employee)			120			
					!			D 806				
							1	I2d	1			
									652			
f Employee's address and ZIP code												
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Loc	al income tax		20 Locality name		
NV	909-36	6-601	33773.73	2187.65		62539.27	103	63.89		Young Springs		
мт	888-44	1-906	35833.82	3396.36		75521.36	122	48.51		Jimmy Isle		

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

