REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website							
STATEMENT 834-82-6236	OMB N	o. 1545-00	08 FAST! Use		<b>**********</b>	at www.irs.gov/efile.			
b Employer identification number			1 Wages, tips, other compensation			Federal income tax withheld			
03-7372643			213171.39			56925.83			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld			
Castro, Sanders and Bryant and Sons			176405.48			13495.02			
7533 Cooper Underpass Suite 795			5 Medicare wages and tips			6 Medicare tax withheld			
			215432.77			6247.55			
Amandamouth NH 18881-9941			7 Social security tips			8 Allocated tips			
			176405.48			215432.77			
d Control number			9 Advance EIC payment			10 Dependent care benefits			
8641437						176			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12			
Lee Michael		246			9223				
		13 Statutory Retirement Third-party employee plan sick pay			12b				
262 Jeremy Street			yee plan	sick pay	E	703			
East Anthonyfort NM 49107-0661			14 Other (see enclosed Notice to Employee)						
					E	145			
			<u> </u>			12d			
						P 626			
f Employee's address and ZIP code	T					T			
15 State Employer's state ID number 16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, e		Local income t				
TX 587-46-964 105711.84	6547.83		180434.7	3	3760.84	Ashley Mountains			
ні 767-45-619 115887.86	7166.15		275095.17	2	2660.06	Freeman Points			

Wage and Tax Statement

5010

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.

REISSUE	D a Employee's soc	ial security number			This information is being furnish	hed to	the Internal Re	venue Serv	ce. If you are required			
STATEME	_	34-82-6236	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>b</b> Employer identification	on number		L	1 Wages, tips, other compensation				2 Federal income tax withheld				
03-7372643			213171.39			56925.83						
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld						
Castro, Sanders and Bryant and Sons			176405.48			13495.02						
7533 Cooper Underpass Suite 795			5 Medicare wages and tips			6 Medicare tax withheld						
Amandamouth NH 18881-9941			215432.77			6247.55						
			7 Social security tips			8 Allocated tips						
			176405.48			215432.77						
d Control number			9 Advance EIC payment			10 Dependent care benefits						
8641437						176						
e Employee's first name and initial Last name		11 Nonqualified plans			12a See instructions for box 12							
Lee Michael 262 Jeremy Street East Anthonyfort NM 49107-0661			246			9223						
			13 Statu			12b						
			mployee plan sick pay  X  Other (see enclosed Notice to Employee)			E	E 703					
						12c						
						E	145					
					ŀ	12d	143					
							1					
						P	P 626					
f Employee's address					<b>.</b>				T			
	s state ID number	16 State wages, tips, etc.	17 State income tax		J		D Local income tax		20 Locality name			
TX 5	87-46-964	105711.84	6547.83		180434.7		33760.84		Ashley Mountains			
ні	67-45-619	115887.86	7166.15		275095.17	22	660.06		Freeman Points			

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

