REISSUED a Employee	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Web					IRS Website	е	
STATEMENT	646-44-4049	OMB N	o. 1545-00	008 FAST! Us	se	G ⁻⁷	ile)	at www.i	rs.gov/efile.		
b Employer identification number			1 \	1 Wages, tips, other compensation			Federal income tax withheld				
71-7334803				207795.51				56953.36			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Wyatt, Pierce and Simmons Inc				211557.36			16184.14				
873 Anne Mission				5 Medicare wages and tips				6 Medicare tax withheld			
North Michael FL 60598-9829			262794.47				7621.04				
North Michael FL 60598-9829				7 Social security tips			8 Allocated tips				
				211557.36			262794.47				
d Control number			9 /	Advance EIC payment		10	Depen	dent care be	enefits		
2548156							209				
e Employee's first name and initial Last name			11 Nonqualified plans			12	12a See instructions for box 12				
_			150				D 4730				
Brent Ochoa			13 Statutory Retirement Third-party employee plan sick pay			12	b				
370 Bradshaw Parkways			empi	loyee plan	sick pay		н	820			
_				Ther (see enclosed Not	ice to Employe	ee) 12	С				
East Jasonstad SC 50114-3799								281			
						12	12d				
						12	u				
							Н	370			
f Employee's address and ZIP code	T -	1		1	1						
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,	etc.		income ta	(20 Locality r	name	
MN 755-52-608	103244.67	8909.86		150810.32		3976	9.36		Michael	Lock	
WA 990-29-591	95016.06	9669.8	247985.78 40		4092	3.33	James	Row			

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.

R	EISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
	ATEMENT	64	46-44-4049	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 Employ	b Employer identification number				1 Wages, tips, other compensation			2 Federal income tax withheld			
71-7334803				207795.51			56953.36				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Wyatt, Pierce and Simmons Inc				211557.36			16184.14				
873 Anne Mission				5 Medicare wages and tips			Medicare tax withheld				
North Michael FL 60598-9829					262794.47	7621.04					
				7 Social security tips			8 Allocated tips				
					211557.36	262794.47					
d Control number				9 Advance EIC payment			10 Dependent care benefits				
2548156							209				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Brent Ochoa			150			D 4730					
			13 Statu	tory Retirement Third-party		12b					
370 Bradshaw Parkways			empl	oyee plan sick pay		н	820				
_			14 (Other (see enclosed Notice to Employ	\	12c	020				
East Jasonstad SC 50114-3799			Other (see enclosed Notice to Employee)			120					
						281					
								12d	i		
							н	H 370			
f Employ	yee's address and ZIP cod	le					İ		1		
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 r	name	
MN	755-52	-608	103244.67	8909.86		150810.32 3		9769.36		Michael	Lock
WA	990-29	-591	95016.06	9669.8		247985.78	40	923.33		James	Row

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

