F	REISSUED	a Employee's socia	•				Safe, Accu	rate,		HIA	Visit the	IRS Website	
S	TATEMENT	03	88-16-3264	OMB N	o. 1545-	8000	FAST! Use		5~	file	at www.i	irs.gov/efile.	
b Emplo	yer identification number			<u> </u>	1	1 Wages, tips, other compensation				2 Federal income tax withheld			
	01-1185184				116343.89					17399.86			
c Employer's name, address, and ZIP code					3 Social security wages				4	4 Social security tax withheld			
Perez-Montes Ltd					131530.62					10062.09			
965 Benjamin Flat Apt. 880					5 Medicare wages and tips				•	6 Medicare tax withheld			
	Rhondashire WI 43081-1667					138938.0				4029.2			
						7 Social security tips				8 Allocated tips			
					131530.62				138938.0				
d Control number					9 Advance EIC payment			10	10 Dependent care benefits				
8268742											218		
e Employee's first name and initial Last name				11 Nonqualified plans			1:	12a See instructions for box 12					
	Brandon	Ross			116				1060				
	33197 Carlson Fall Apt. 330				13 Statutory Retirement Third-party employee plan sick pay				1:	2b	i		
										D 376			
	South Tyler OR 12649-5058					14 Other (see enclosed Notice to Employee)				12c			
										P	388		
								1:	12d				
										P	899		
f Employee's address and ZIP code													
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Lo	cal wages, tips, et	C.	19 Loca	Il income ta	X	20 Locality name	
WV	156-09	-957	56000.55	3079.18		135	354.57		2285	1.96		Mccarthy Garden	
OK	682-04	-288	56333.52	3711.29		928	37.08		1955	8.35		Wilson Extensions	

Wage and Tax

5070 **Statement**

Department of the Treasury--Internal Revenue Service

Form W-2 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 social security number This information is being furnished to the Internal Revenue Service. If you are re-							ice. If you are required			
	TATEMENT	03	88-16-3264	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	yer identification number			l .	Wages, tips, other compensation			2 Federal income tax withheld			
01-1185184					116343.89			17399.86			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Perez-Montes Ltd					131530.62			10062.09			
965 Benjamin Flat Apt. 880					5 N	ledicare wages and tips	6 Medicare tax withheld				
						138938.0	4029.2				
	Rhondashire WI 43081-1667					ocial security tips	8 Allocated tips				
						131530.62	138938.0				
d Control number					9 Advance EIC payment			10 Dependent care benefits			
8268742								218			
e Emplo	yee's first name and initial	Last name			11 Nonqualified plans			12a See instructions for box 12			
	Brandon Ross 33197 Carlson Fall Apt. 330 South Tyler OR 12649-5058					116	1060				
					13 Statutory Retirement Third-party employee plan sick pay			12b	i		
								D	D 376		
					14 0	other (see enclosed Notice to Employ	12c				
								P 388			
								12d			
								P 899			
f Emplo	f Employee's address and ZIP code										
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 ta	20 Locality name		
WV	156-09	-957	56000.55	3079.18	135354.57 2		22	851.96	Mccarthy Garden		
OK	682-04	-288	56333.52	3711.29		92837.08	19	558.35		Wilson Extensions	

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

