| REISSU | a Employee's se | ocial security number | | | Safe | , Accurate, | 20.0 | - #I | | Visit the | IRS Website | |
|---|---------------------|----------------------------|---------------------|--|------------------------------------|---------------|----------|---------------------------------|--------------------------------|--------------|------------------|--|
| STATEME | NT | 751-29-4019 | OMB N | o. 1545-0 | 008 FAS | T! Use | | ≁fill | رخ | at www.i | rs.gov/efile. | |
| b Employer identification number | | | | 1 Wages, tips, other compensation | | | | 2 Federal income tax withheld | | | | |
| 41-0781713 | | | | 156620.65 | | | | 45531.13 | | | | |
| c Employer's name, address, and ZIP code | | | | | 3 Social security wages | | | | 4 Social security tax withheld | | | |
| Rodriguez-Burnett and Sons | | | | | 155162.72 | | | | 11869.95 | | | |
| 33367 Carter Flats Suite 223 | | | | 5 Medicare wages and tips | | | | 6 Medicare tax withheld | | | | |
| Port Kerry LA 63146-0672 | | | | | 167609.62 | | | | 4860.68 | | | |
| FOIC REILY HA 03140-0072 | | | | 7 Social security tips | | | | 8 Allocated tips | | | | |
| | | | | | 155162.72 9 Advance EIC payment | | | 167609.62 | | | | |
| d Control number | | | | | Advance EIC payr | nent | | 10 D | • | ent care be | enefits | |
| 3299618 | | | | | | | | 205 | | | | |
| e Employee's first name and initial Last name | | | | 11 Nonqualified plans | | | | 12a See instructions for box 12 | | | | |
| Kyle Myers | | | | 272 | | | | G 8745 | | | | |
| | | | | 13 Statutory Retirement Third-party employee plan sick pay | | | | 12b | 1 | | | |
| 502 Amy Islands | | | | | X X | | | н 695 | | | | |
| Lake Brooke AL 98275-2648 | | | | 14 Other (see enclosed Notice to Employee) | | | 12c | | | | | |
| | | | | | | | | | 163 | | | |
| | | | | | | | 12d | | | | | |
| | | | | | | | | | E | 981 | | |
| f Employee's addres | s and ZIP code | | | | | | | • | _ | 701 | | |
| | r's state ID number | 16 State wages, tips, etc. | 17 State income tax | <u> </u> | 18 Local wages | s, tips, etc. | 19 1 | ocal inco | me tax | | 20 Locality name | |
| LA | 417-61-560 | 83373.26 | 4174.1 | | 125548.06 2 | | 25 | 25486.32 | | | Kathryn Street | |
| TX | 330-08-565 | 77590.6 | 4227.04 | 153485.85 23 | | 22 | 22775.87 | | | Holder Ferry | | |

Wage and Tax

5070 **Statement** Form W-2

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 socia | I security number | | This information is being furnished to the Internal Revenue Service. If you are required | | | | | | | |
|---|---|--------------------|-------------------|--|---|-------------------------|---|---------------------------------|-------------------------------------|-------|-----------------|--|
| | ATEMENT | 75 | 1-29-4019 | 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 | er identification number | Į. | | | Wages, tips, other compensation | | | | 2 Federal income tax withheld | | | |
| 41-0781713 | | | | 156620.65 | | | | 45531.13 | | | | |
| c Employ | c Employer's name, address, and ZIP code | | | | | 3 Social security wages | | | 4 Social security tax withheld | | | |
| Rodriguez-Burnett and Sons | | | | 155162.72 | | | | 11869.95 | | | | |
| 33367 Carter Flats Suite 223 | | | | 5 Medicare wages and tips 167609.62 | | | | 6 Medicare tax withheld 4860.68 | | | | |
| | | | | | | | | | | | | |
| 1 | Port Kerry LA 63146-0672 | | | | 7 Social security tips | | | | 8 Allocated tips | | | |
| | | | | | 155162.72 | | | | 167609.62 | | | |
| d Control | d Control number | | | | 9 Advance EIC payment | | | | 10 Dependent care benefits | | | |
| 3299618 | | | | | | | | | 205 | | | |
| e Employee's first name and initial Last name | | | | 11 Nonqualified plans | | | | 12a See instructions for box 12 | | | | |
| | Kyle Myers | | | | 272 | | | | G 8745 | | | |
| ľ | | | | | 13 Statutory Retirement Third-party employee plan sick pay | | | | | 1 | | |
| 502 Amy Islands Lake Brooke AL 98275-2648 | | | | | employee plan sick pay | | | | н 695 | | | |
| | | | | | 14 Other (see enclosed Notice to Employee) | | | | 12c | | | |
| Hake Blooke All 90273 2040 | | | | | | | | | 163 | | | |
| | | | | | | | | | 12d | | | |
| | | | | | | | | | _ | 001 | | |
| | | | | | | ! | | | | E 981 | | |
| 15 State | f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax | | | | 18 Local wages, tips, etc. 19 | | | 9 Local in | D Local income tax 20 Locality name | | | |
| LA | 417-61 | | 83373.26 | 4174.1 | | 125548.06 | | 25486 | | | Kathryn Street | |
| | 41, 01 | | 000,0.20 | 32/3.1 | | | | .5400 | 2 | | Machityn Street | |
| TX | 330-08 | 8-565 | 77590.6 | 4227.04 | | 153485.85 | 2 | 22775 | .87 | | Holder Ferry | |

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

