REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website						
STATEMENT 334-71-126	7 OMB N	o. 1545-0008 FAST! Use	at www.irs.gov/efile.					
<b>b</b> Employer identification number		1 Wages, tips, other compensation	Federal income tax withheld					
87-8865523		235478.21	42494.34					
c Employer's name, address, and ZIP code		3 Social security wages	4 Social security tax withheld					
Reyes-Hill LLC		220802.33	16891.38					
1880 Hayes Islands Apt. 615		5 Medicare wages and tips	6 Medicare tax withheld					
Jaclynchester OR 73052-	5204	266239.84	7720.96					
bactynchester on 75052 s	3204	7 Social security tips	8 Allocated tips					
		220802.33	266239.84					
d Control number		9 Advance EIC payment	10 Dependent care benefits					
5676287			249					
e Employee's first name and initial Last name	•	11 Nonqualified plans	12a See instructions for box 12					
Emile Coherente		294	D 3378					
Emily Schwartz		13 Statutory Retirement Third-party employee plan sick pay	12b					
29243 Blackwell Well Suite	e 860	employee plan sick pay	D 161					
Edwardton MT 69469-38	359	14 Other (see enclosed Notice to Employe	ee) 12c					
			E 357					
			12d					
			P 500					
f Employee's address and ZIP code								
15 State Employer's state ID number 16 State wages, til	ps, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name					
CO 847-12-031 111099.2	13839.98	245231.01	27654.73 Bautista Land					
VT 205-69-828 128674.2	13375.7	233737.03	44328.82 Stephen Camp					

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	REISSUED	a Employee's soc	ial security number		This information is being furnished to the Internal Revenue Service. If you are required							
	TATEMENT	3	34-71-1267	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.							
	Employer identification number					Wages, tips, other compensation			2 Federal income tax withheld			
87-8865523				235478.21			42494.34					
<b>c</b> Emplo	yer's name, address, and	ZIP code			3 Social security wages			4 Social security tax withheld				
Reyes-Hill LLC					220802.33			16891.38				
1880 Hayes Islands Apt. 615 Jaclynchester OR 73052-5204					5 Medicare wages and tips			6 Medicare tax withheld				
					266239.84			7720.96				
					7 Social security tips			8 Allocated tips				
					220802.33			266239.84				
d Control number				9 Advance EIC payment			10 Dependent care benefits					
	5676287							249				
e Employee's first name and initial Last name			11 Nonqualified plans 12a See instructions for box				or box 12					
Emily Schwartz				294			D 3378					
				13 Statu			12b					
29243 Blackwell Well Suite 860				employee plan sick pay			D 161					
	Edwardton MT 69469-3859				14 (	Other (see enclosed Notice to Employ	ee)	12c				
Edwardton Mi 09409 3039									E 3	357		
								12d	_	,,,		
									P 500			
	yee's address and ZIP coo		T	T		1						
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		3.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Local income tax			20 Locality name	
СО	847-12	2-031	111099.2	13839.98		245231.01	27	654.	73		Bautista Land	
VT	205-69	9-828	128674.26	13375.7		233737.03	44	328.	82		Stephen Camp	

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

