INCHOOSED	200 =2 46=6			Safe, Accurate, WB No. 1545-0008 FAST! Use								
STATEMENT	8-79-4656	OMB NO							rs.gov/efile).		
b Employer identification number				 Wages, tips, other compensation 				I income tax	withheld			
38-0965971	76291.51				14517.67							
c Employer's name, address, and ZIP code	3 Social security wages				4 Social security tax withheld							
Rodriguez-Poole LLC	71993.25				5507.48							
9783 Michael Oval		dicare wages and tips	6									
Ashleyborough SC 56975-1025				75812.65				2198.57				
				7 Social security tips				8 Allocated tips				
	71993.25				75812.65							
d Control number				vance EIC payment		10	Depend	dent care be	enefits			
4334159								184				
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12				
				134				G 9437				
Victor Walker				13 Statutory Retirement Third-party employee plan sick pay				i				
5185 Nancy Cliffs	employ	ee plan		D 317								
North Kathyberg	14 Other (see enclosed Notice to Employee)					l						
							E	314				
						12d						
								610				
f Employee's address and ZIP code								I.				
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, e	etc.	19 Local i	ncome tax	(20 Locality	name		
MD 713-24-906	39841.74	2015.2	!	94351.21		9907.99			Smith	Haven		
VT 512-13-055	36823.1	2014.65		67026.26		13510	75		Morgan	Spure		
J12 13 033	50025.1	2014.00		0,020.20		-551	, , , 5			Spurs		

Wage and Tax Statement 5070

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.

R	EISSUED	a Employee's socia	l security number		This information is being furnished to the Internal Revenue Service. If you are required								
ST	ATEMENT	03	88-79-4656	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				Wages, tips, other compensation				2 Federal income tax withheld				
38-0965971					76291.51				14517.67				
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
Rodriguez-Poole LLC					71993.25				5507.48				
9783 Michael Oval				5 Medicare wages and tips				6 Medicare tax withheld					
Ashleyborough SC 56975-1025				75812.65				2198.57					
				7 Social security tips				8 Allocated tips					
					71993.25				75812.65				
d Control number				9 Advance EIC payment				10 Dependent care benefits					
4334159										1	84		
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12					
				134				G 9437					
Victor Walker			13 Statutory Retirement Third-party				12b						
5185 Nancy Cliffs				employee plan sick pay D 317				17					
-				14 (other (see enclosed	Notice to Employ	(ee)	12c					
North Kathyberg PA 73032-7839				The Gard (coordinates a trainer to Employee)									
										E 3	314		
								12d	ı				
									6	610			
	ee's address and ZIP cod												
15 State	Employer's state ID nu	ımber	16 State wages, tips, etc.	17 State income tax		18 Local wages, ti	ps, etc.	19 L	ocal inco	me tax		20 Locality	/ name
MD	713-24	1-906	39841.74	2015.2		94351.21		99	9907.99			Smith	Haven
VT	512-13	8-055	36823.1	2014.65		67026.26	i	13	510.	75		Morgan	Spurs

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

