REISSUED	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS W						IRS Website		
STATEMENT	77	72-62-6869	OMB N	o. 1545-0	008 FAST!	Use	G~II	le)	at www.i	rs.gov/efile.		
b Employer identification number			•	1 '	1 Wages, tips, other compensation				2 Federal income tax withheld			
50-8184034					187692.62				37642.23			
c Employer's name, address, an	3 Social security wages				4 Social security tax withheld							
Park-Cruz PLC				150137.38				11485.51				
827 Jeremy Mountains North Misty DE 72045-0448				5 Medicare wages and tips				6 Medicare tax withheld				
				215606.32				6252.58				
				7 Social security tips				8 Allocated tips				
				150137.38				215606.32				
d Control number					9 Advance EIC payment			10 Dependent care benefits				
3824064								297				
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12				
Jose Wade				119				P 3356				
				13 Statutory Retirement Third-party employee plan sick pay					1			
45254 Williams Loaf					x sick pay			P 550				
Byrdberg	FL	91492-6002		14	Other (see enclosed I	Notice to Employe	ee) 12c		1			
Bylubely Fi 91492 0002								P	961			
							12d					
									294			
f Employee's address and ZIP c									294			
15 State Employer's state ID		16 State wages, tips, etc.	17 State income tax		18 Local wages, ti	os, etc.	19 Local in	come tax	(20 Locality name		
CT 390-0	0-103	96176.69	7806.69		237916.18		18983	8983.84		Sylvia Track		
UT 981-1	2-540	95694.69	5966.14		134028.6	2	22187	.46		Crystal Locks		

Wage and Tax

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.

RE	ISSUED	a Employee's soc	ial security number		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if						
STA	ATEMENT	7	72-62-6869	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.						
b Employer	b Employer identification number				1	Wages, tips, other compensation		2 Federal income tax withheld			
50-8184034					187692.62			37642.23			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Park-Cruz PLC					150137.38			11485.51			
827 Jeremy Mountains				5	Medicare wages and tips	6 Medicare tax withheld					
					215606.32	6252.58					
North Misty DE 72045-0448					7	Social security tips	8 Allocated tips				
						150137.38	215606.32				
d Control n	d Control number				9 Advance EIC payment			10 Dependent care benefits			
3	3824064								2	297	
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
					119			E	P 3356		
J	Jose Wade				13 Sta	12b					
45254 Williams Loaf				em	ployee plan sick pay		F	, ,	550		
					14	Other (see enclosed Notice to Employ	(00)	12c	`	-	
Byrdberg FL 91492-6002					Other (see enclosed Notice to Employee)				1		
							I	9 9	961		
								12d	1		
								294			
f Employee	e's address and ZIP co	de									
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	ocal incom	ne tax		20 Locality name
CT	390-00)-103	96176.69	7806.69		237916.18		.8983.84			Sylvia Track
UT	981-12	2-540	95694.69	5966.14		134028.62	22	187.4	16		Crystal Locks

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

