	REISSUED a Employee's social security number 307-87-8048			OMB N	Safe, Accurate, OMB No. 1545-0008 FAST! Use					Visit the IRS Website at www.irs.gov/efile.				
b Employer identification number 43-8098025					1 Wages, tips, other compensation 89875.02				2 Federal income tax withheld 32045.78					
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld				
Castaneda-David and Sons						81708.1				6250.67				
9707 Courtney Plains					5 Medicare wages and tips				6 Medicare tax withheld					
West Kristentown AK 92822-8296						106611.45				3091.73				
West Kilstencown Ak 92022 0290						7 Social security tips				8 Allocated tips				
	<del> </del>	81708.1				106611.45								
d Control number					9 A	dvance EIC payment		10	Depen	dent care be	enefits			
7818120										116				
e Employee's first name and initial Last name					11 Nonqualified plans			128	12a See instructions for box 12					
Tony Harper					154				н 4194					
					13 Statutory Retirement Third-party employee plan sick pay				)	î				
8302 Rivera Haven Apt. 093						етріоуее ріат зіск рау				G 672				
Port Bobby NM 60450-7668						14 Other (see enclosed Notice to Employee)				1				
1010 2022, 1111 00100 7000									н 426					
								120	12d					
										785				
f Emplo	vee's address and ZIP cod	e												
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	ļ.	18 Local wages, tips	, etc.	19 Local	income ta	(	20 Locality r	name		
PA	877-65	-211	48892.6	3120.31		63351.71		1620	4.95		Harris (	Grove		
ID	508-60	-664	45084.67	2116.53		68983.95		1785	0.71		Michele	Pass		
									· · · <del>-</del>					

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.

F	REISSUED	a Employee's soci	al 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								
S	TATEMENT	TEMENT 307-87-8048 OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be imposed or this income is taxable and you fail to report it.							imposed on you	II			
<b>b</b> Employer identification number					Wages, tips, other compensation				2 Federal income tax withheld				
43-8098025						89875.02			32045.78				
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld				
Castaneda-David and Sons						81708.1			6250.67				
9707 Courtney Plains					5 Medicare wages and tips				6 Medicare tax withheld				
_						106611.45				3091.73			
West Kristentown AK 92822-8296					7 Social security tips				8 Allocated tips				
						81708.1			106611.45				
d Control number						9 Advance EIC payment 10 Dependent care benefits					enefits		
	7818120									116			
e Employee's first name and initial Last name					11 Nonqualified plans 12a See instructions for box				for box 12				
				154			н 4194						
Tony Harper						13 Statutory Retirement Third-party							
8302 Rivera Haven Apt. 093 Port Bobby NM 60450-7668					employee plan sick pay  14 Other (see enclosed Notice to Employee)				G	672			
								12c					
									н	426			
								12d					
										785			
f Emplo 15 State	oyee's address and ZIP co Employer's state ID n		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	ocal inc	come tax	:	20 Locality nam	e	
PA	877-6		48892.6	3120.31		63351.71		204			,		
FA	077-03	<i>,</i>	70092.0	3120.31			10	204	. 93		Harris Gro	ve	
ID	508-60	0-664	45084.67	2116.53		68983.95	17	850	.71		Michele Pa	ass	

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

