REISSUED a Employe	e's social security number			Safe, Acc	urate,		Visit the IRS Website		
STATEMENT	860-55-9376	OMB No	o. 1545-00	008 FAST! Us	e 🔍	e~file)	at www.irs.gov/efile.		
<b>b</b> Employer identification number			1 V	Vages, tips, other compe	ensation	2 Federa	al income tax withheld		
61-5342845				180161.54			37356.92		
c Employer's name, address, and ZIP code				Social security wages		4 Social	4 Social security tax withheld		
Dixon-Cruz LLC				166305.39			12722.36		
7983 Jonathan Square				5 Medicare wages and tips			6 Medicare tax withheld		
Nelsonberg DC 40645-0228				135221.18			3921.41		
			7 8	Social security tips		8 Allocat	8 Allocated tips		
				166305.39			135221.18		
d Control number			9 Advance EIC payment			10 Depen			
139987							191		
e Employee's first name and initial L	ast name		11 N	lonqualified plans		12a See in	structions for box 12		
Laura Rodriguez			195				7197		
			13 Statutory Retirement Third-party employee plan sick pay			12b	1		
801 Thompson Corner Suite 641			X SEEK PELY			D	D 169		
Samuelberg NJ 51392-2398			14	Other (see enclosed Noti	ce to Employe	e) 12c	1		
Samuelberg No 31332 2330							611		
						12d			
							941		
f Employee's address and ZIP code							341		
15 State Employee's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,	etc.	19 Local income ta	x 20 Locality name		
ND 393-69-895	89019.27	7778.95		150592.51	;	32346.75	Brown Radial		
LA 087-79-464	85422.46	9184.23		161777.75	:	21123.52	Jordan Village		

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	•		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	8	60-55-9376	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.						
<b>b</b> Employer identification number				Wages, tips, other compensation			Federal income tax withheld				
61-5342845				180161.54			37356.92				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Dixon-Cruz LLC				166305.39			12722.36				
7983 Jonathan Square				5 Medicare wages and tips			6 Medicare tax withheld				
Nelsonberg DC 40645-0228				135221.18			3921.41				
				7 Social security tips			8 Allocated tips				
				166305.39			135221.18				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
	139987							191			
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
			195			7197					
	Laura Rodriguez			13 Statutory Retirement Third-party			12b				
801 Thompson Corner Suite 641			employee plan sick pay			D 169					
Samuelberg NJ 51392-2398				14	Other (see enclosed Notice to Employ	/ee)	12c				
							611				
								12d	011		
							941				
f Employee's address and ZIP code								l			
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax	•	18 Local wages, tips, etc.	19	Local income tax		20 Locality name	
ND	393-69	9-895	89019.27	7778.95		150592.51	32	346.75		Brown Radial	
LA	087-79	9-464	85422.46	9184.23		161777.75	21	123.52		Jordan Village	

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

