| REISSUED a Employee's social security number                   |                         | Safe, Accurate, Visit the IRS Website |  |           |                         |                                 |  |  |  |
|--|-------------------------|---------------------------------------|--|-----------|-------------------------|---------------------------------|--|--|--|
| STATEMENT 171-73-0429  | OMB N                   | lo. 1545-0008                         | FAST! Use  |           | ≁file >                 | at www.irs.gov/efile.           |  |  |  |
| <b>b</b> Employer identification number                        |                         |                                       | 1 Wages, tips, other compensation  |           |                         | 2 Federal income tax withheld   |  |  |  |
| 42-1687497   |                         |                                       | 209162.45  |           |                         | 39021.31                        |  |  |  |
| c Employer's name, address, and ZIP code                       |                         |                                       | 3 Social security wages  |           |                         | 4 Social security tax withheld  |  |  |  |
| Mccarthy-Macias LLC  |                         |                                       | 147681.25  |           |                         | 11297.62                        |  |  |  |
| 54333 Eric Fork  |                         |                                       | are wages and tips   |           | 6 Medicare tax withheld |                                 |  |  |  |
|  |                         |                                       | 19917.18   |           | 4347.6                  |                                 |  |  |  |
| Jeffersonmouth VA 51769-8751                                   |                         |                                       | 7 Social security tips   |           |                         | 8 Allocated tips                |  |  |  |
|  | 147681.25               |                                       |  | 149917.18 |                         |                                 |  |  |  |
| d Control number   |                         |                                       | 9 Advance EIC payment  |           |                         | 10 Dependent care benefits      |  |  |  |
| 797515   |                         |                                       |  |           |                         | 283                             |  |  |  |
| e Employee's first name and initial Last name                  |                         |                                       | 11 Nonqualified plans  |           |                         | 12a See instructions for box 12 |  |  |  |
| Dawn Price<br>4586 Proctor Loaf<br>Castilloshire ID 55180-1407 |                         |                                       | 134  |           |                         | н 3548                          |  |  |  |
|  |                         |                                       | 13 Statutory Retirement Third-party employee X X Third-party sick pay 14 Other (see enclosed Notice to Employee) |           |                         |                                 |  |  |  |
|  |                         |                                       |  |           |                         | 486                             |  |  |  |
|  |                         |                                       |  |           |                         | i                               |  |  |  |
|  |                         |                                       |  |           |                         | 790                             |  |  |  |
|  |                         |                                       |  |           |                         | 12d                             |  |  |  |
|  |                         |                                       |  |           |                         | 751                             |  |  |  |
| f Employee's address and ZIP code                              |                         |                                       |  |           |                         | 1.02                            |  |  |  |
| 15 State Employer's state ID number 16 State wages, tips, et   | tc. 17 State income tax | 18                                    | Local wages, tips, et  | c. 19     | Local income tax        | 20 Locality name                |  |  |  |
| UT 979-35-362 103276.61  | 7215.94                 | 19                                    | 0484.39  | 36        | 6734.58                 | Kara Stream                     |  |  |  |
| AZ 902-68-048 96437.14   | 6549.87                 | 15                                    | 3007.64  | 23        | 3110.57                 | Green Unions                    |  |  |  |

Wage and Tax Statement

5010

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 socia | 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                  | 17                 | 71-73-0429                          | OMB N                     | OMB No. 1545-0008 to line 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 Employer identification number              |                           |                    |                                     | 1                         | Wages, tips, other compensation  | Federal income tax withheld     |                                |                  |      |          |        |
| 42-1687497                                    |                           |                    |                                     | 209162.45                 |  |                                 | 39021.31                       |                  |      |          |        |
| c Employer's name, address, and ZIP code      |                           |                    |                                     | 3 Social security wages   |  |                                 | 4 Social security tax withheld |                  |      |          |        |
| Mccarthy-Macias LLC                           |                           |                    |                                     |                           | 147681.25  |                                 |                                | 11297.62         |      |          |        |
| 54333 Eric Fork                               |                           |                    |                                     | 5 Medicare wages and tips |  |                                 | 6 Medicare tax withheld        |                  |      |          |        |
| Jeffersonmouth VA 51769-8751                  |                           |                    |                                     | 149917.18                 | 4347.6   |                                 |                                |                  |      |          |        |
|   |                           |                    | 7 Social security tips              |                           |  | 8 Allocated tips                |                                |                  |      |          |        |
|   |                           |                    |                                     |                           | 147681.25  |                                 |                                | 149917.18        |      |          |        |
| d Control number                              |                           |                    |                                     | 9 Advance EIC payment     |  |                                 | 10 Dependent care benefits     |                  |      |          |        |
| 797515  |                           |                    |                                     |                           |  | 283                             |                                |                  |      |          |        |
| e Employee's first name and initial Last name |                           |                    | 11 Nonqualified plans               |                           |  | 12a See instructions for box 12 |                                |                  |      |          |        |
| Dawn Price                                    |                           |                    | 134                                 |                           |  | н 3548                          |                                |                  |      |          |        |
|   |                           |                    | 13 Statutory Retirement Third-party |                           |  | 12b                             |                                |                  |      |          |        |
| 4586 Proctor Loaf                             |                           |                    | em                                  | ployee plan sick pay      |  |                                 | 486                            |                  |      |          |        |
| Castilloshire ID 55180-1407                   |                           |                    |                                     | 14                        | Other (see enclosed Notice to Emple  | oyee)                           | 12c                            |                  |      |          |        |
| Castilloshire ib 55160-1407                   |                           |                    |                                     |                           |  |                                 | 790                            |                  |      |          |        |
|   |                           |                    |                                     |                           |  |                                 |                                | 12d              | ,,,, |          |        |
|   |                           |                    |                                     |                           |  |                                 |                                | 751              |      |          |        |
|   | yee's address and ZIP coo |                    | 140 00-1                            | 147 00-1-1-1-1            |  | Tag Landana Garage              | 140                            | 1 12             |      | 100.1    |        |
| 15 State                                      | Employer's state ID no    |                    | 16 State wages, tips, etc.          | 17 State income tax       |  | 18 Local wages, tips, etc.      | 1.0                            | Local income tax |      | 20 Local | ,      |
| UT  | 979-35                    | 5-362              | 103276.61                           | 7215.94                   |  | 190484.39                       | 36                             | 5734.58          |      | Kara     | Stream |
| AZ  | 902-68                    | 3-048              | 96437.14                            | 6549.87                   |  | 153007.64                       | 23                             | 3110.57          |      | Green    | Unions |

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

