R	REISSUED	a Employee's socia	l security number			Sa	fe, Accurate,	IRS O	H	Visit the	IRS Website		
ST	TATEMENT	42	20-33-7945	OMB N	o. 1545-0	008 FA	ST! Use	G~	ile	at www.i	rs.gov/efile.		
b Employ	yer identification number				1 '	1 Wages, tips, other compensation				2 Federal income tax withheld			
	63-8917692				211633.23				35245.45				
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
Maldonado Inc Group					185349.33				14179.22				
152 Horn Springs Apt. 260					5 Medicare wages and tips				6 Medicare tax withheld				
	Robbinsmouth CT 83073-5306					256491.27				7438.25			
•						7 Social security tips				8 Allocated tips			
					185349.33				256491.27				
d Control number					9 Advance EIC payment			10	10 Dependent care benefits				
:	1706707								159				
e Employee's first name and initial Last name					11 Nonqualified plans			12a	12a See instructions for box 12				
						138			н 5259				
Maria Krause				13 Statutory Retirement Third-party sick pay X Statutory Plan Sick pay 14 Other (see enclosed Notice to Employee)									
7173 John Port West Jonathan WV 55053-5358								D	406				
								12c					
									223				
								12d	12d				
										600			
l										609			
f Employ 15 State	yee's address and ZIP cod Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	ļ	18 Local way	nes tins etc	19 Local i	ncome ta	x	20 Locality name		
KS	671-12		104777.64	9783.11		213349		3772		· ·	Jessica Via		
	· · · · · · · · · · · · · · · · · · ·			7,00.11				3,,2			003510a VIA		
TN	407-47	-587	106297.31	10176.68		164545	5.44	3890	1.29		Brandon Meadow		

Wage and Tax

This information is being furnished to the Internal Revenue Service.

5070 **Statement** Form W-2 Copy B--To Be Filed with Employee's FEDERAL Tax Return

Department of the Treasury--Internal Revenue Service

R	REISSUED	a Employee's soci	cial security number This information is being furnished to the Internal Revenue Service. If you are required									
SI	TATEMENT	4:	20-33-7945	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 Employer identification number					1 Wages, tips, other compensation			2 Federal income tax withheld				
63-8917692						211633.23			35245.45			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Maldonado Inc Group					185349.33			14179.22				
152 Horn Springs Apt. 260					5 1	Medicare wages and tips		6 Medicare tax withheld				
						256491.27		7438.25				
'	Robbinsmouth CT 83073-5306					Social security tips		8 Allocated tips				
						185349.33		256491.27				
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	1706707				159							
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
	Maria Krause 7173 John Port					138		н 5259				
					13 Statutory Retirement Third-party employee plan sick pay X			12b				
								D 406				
	West Jonathan WV 55053-5358					14 Other (see enclosed Notice to Employee)			12c			
									223			
								12d				
								609				
f Employee's address and ZIP code						I do I and a second	40.1	ocal income tax		00 1		
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		1				20 Locality name		
KS	671-12	<u>2-106</u>	104777.64	9783.11	213349.6 3		37	37724.12		Jessica Via		
TN	407-47	7-587	106297.31	10176.68		164545.44	38	901.29		Brandon Meadow		

Cut here. Keep lower portion for your records.

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

