F	REISSUED	a Employee's socia	l security number			S	Safe, Accurate,	Re 1	A SHIP	Visit the	IRS Website		
S	TATEMENT	22	22-67-8949	OMB N	o. 1545-0	008 F	AST! Use	G	√file •	at www.i	rs.gov/efile.		
b Emplo	yer identification number				1 '	1 Wages, tips, other compensation			2 Federal income tax withheld				
32-8930631					56715.77				15653.32				
c Emplo	yer's name, address, and 2	ZIP code			3 Social security wages				4 Social security tax withheld				
Diaz, Vang and Jones Ltd					48994.45				3748.08				
45711 Michael Mountain					5 Medicare wages and tips				6 Medicare tax withheld				
	South Cabrielnest NE 42479-1064					51566.72				1495.43			
South Gabrielport NE 43478-1964					7 Social security tips				8 Allocated tips				
					48994.45				51566.72				
d Contro					9 Advance EIC payment				10 Dependent care benefits				
6940516									179				
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12					
Rose Tyler					164				E 4633				
					13 Statutory Retirement Third-party				12b				
774 Tammy Ports Suite 763					employee plan sick pay				880				
Lake Bradleystad MN 23902-3377					14 Other (see enclosed Notice to Employee)			12c	1				
									E	440			
								12d					
									777				
f Employee's address and ZIP code								-		,,,,			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local w	ages, tips, etc.	19 L	ocal income ta	ıx	20 Locality name		
SD	588-23	-121	28438.73	2060.06		41484.21 6		60	6059.72		Elizabeth Overpass		
				<u> </u>		T					†i		
VT	249-18	-057	28099.0	2184.16		63210.33		10	10981.6		Kimberly Drive		

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.

REISSUED a Employee's social security number This information is being furnished to the Internal Revenue Service. If you are								ice. If you are required			
	OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be imposed on you if								e imposed on you if		
b Employer identification number					this income is taxable and you fail to 1 Wages, tips, other compensation			2 Federal income tax withheld			
32-8930631					56715.77			15653.32			
c Employe	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld		
Diaz, Vang and Jones Ltd					48994.45			3748.08			
45711 Michael Mountain South Gabrielport NE 43478-1964					5 N	Medicare wages and tips		6 Medicare tax withheld			
						51566.72		1495.43			
					7 5	Social security tips		8 Allocated tips			
						48994.45		51566.72			
d Control number					9 Advance EIC payment			10 Dependent care benefits			
6	6940516								179		
e Employe	ee's first name and initial	Last name	9		11 Nonqualified plans			12a See instructions for box 12			
					164			E 4633			
Rose Tyler				13 Statu	tory Retirement Third-party	1	I2b				
774 Tammy Ports Suite 763 Lake Bradleystad MN 23902-3377					employee plan sick pay			880			
					14 (Other (see enclosed Notice to Employ	ree) 1	12c			
_	Lake Bradieystad MM 23902-3377								E 440		
					!			12d			
									777		
f Employee's address and ZIP code											
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		1.0 =0.00		Local income tax		20 Locality name	
SD	588-23	-121	28438.73	2060.06		41484.21 6		5059.72		Elizabeth Overpass	
VT	249-18-057 28099.0 2184.16		63210.33		109	0981.6		Kimberly Drive			

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

