REISSUED a Employee's social security number	Safe, Accurate, Visit the IRS Wel	osite		
STATEMENT 186-57-0647	OMB No. 1545-0008 FAST! Use at www.irs.gov/ef	ile.		
b Employer identification number	1 Wages, tips, other compensation 2 Federal income tax withheld	Federal income tax withheld		
82-1577826	47058.88 16461.25	16461.25		
c Employer's name, address, and ZIP code	3 Social security wages 4 Social security tax withheld	4 Social security tax withheld		
Fitzgerald, Martin and Ortega and Sons	50293.83 3847.48	3847.48		
64632 Russell Ferry Apt. 171	5 Medicare wages and tips 6 Medicare tax withheld	6 Medicare tax withheld		
	48828.72 1416.03	1416.03 8 Allocated tips		
Livingstonhaven IA 28814-3103	7 Social security tips 8 Allocated tips			
	50293.83 48828.72			
d Control number	9 Advance EIC payment 10 Dependent care benefits	10 Dependent care benefits		
2201620	130			
e Employee's first name and initial Last name	11 Nonqualified plans 12a See instructions for box 12	!		
	127 G 5692	G 5692		
Kristin Allen	13 Statutory Retirement Third-party 12b			
474 Amber Spring	employee plan sick pay 918			
Port Robertshire NC 87987-5369	14 Other (see enclosed Notice to Employee) 12c			
	P 111			
	12d	ı		
	103			
f Employee's address and ZIP code	103			
1 7	income tax 18 Local wages, tips, etc. 19 Local income tax 20 Local	ality name		
OK 774-38-086 25157.93 219	.09 34272.71 5439.89 Elizab	eth Curve		
AK 274-60-455 25486.51 287	.15 40608.32 5061.05 clark	Forest		

Wage and Tax Statement

5070

Department of the Treasury--Internal Revenue Service

Form W-2 Statement
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 E	mployee's social security number		This information is being furnished to the Internal Revenue Service. If you are required							
STATEMENT	186-57-0647	OMB No	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			Federal income tax withheld				
82-1577826	82-1577826		47058.88			16461.25				
c Employer's name, address, and ZIP co	c Employer's name, address, and ZIP code		3 8	Social security wages		4 Social	security tax	withheld		
Fitzgerald, Martin and Ortega and Sons		50293.83			3847.48					
64632 Russell Ferry Apt. 171		5 Medicare wages and tips			6 Medicare tax withheld					
			48828.72			1416.03				
Livingstonhaven IA 28814-3103			7 Social security tips			8 Allocated tips				
				50293.83			4882	8.72		
d Control number			9 A	dvance EIC payment	10 Dependent care benefits					
2201620						130				
e Employee's first name and initial Last name		11 Nonqualified plans			12a See instructions for box 12					
** *		127			G 5692					
Kristin A	Allen		13 Statu			12b				
474 Amber Spring		employee plan sick pay X 14 Other (see enclosed Notice to Employee)			918					
Port Robertshire NC 87987-5369					12c	i				
TOTE ROBERCONITE NO 07507 3305					P	111				
					12d					
							103			
							103			
f Employee's address and ZIP code 15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local income tax	(20 Locality name		
OK 774-38-0	3	2193.09		34272.71		439.89	-	,		
	23137.93	2193.09		J4212.11	J-	209.09		Elizabeth Curve		
AK 274-60-4	55 25486.51	2879.15		40608.32	50	061.05		Clark Forest		

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

