REISSUED a Employee's social security	number		Safe, Accurate, Visit the IRS Website					te			
STATEMENT 701-74	-1067	OMB No.	. 1545-00	DOS FAS	T! Use	E~II		at www.ir	s.gov/efile		
b Employer identification number			1 \	Vages, tips, othe	compensation	2	Federal in	ncome tax	withheld		
80-5837777				110188.11				19902.02			
c Employer's name, address, and ZIP code			3 Social security wages				4 Social security tax withheld				
Cochran-Stephenson Inc			81526.26			6	6236.76				
85456 Lewis Wells Apt. 156				5 Medicare wages and tips				6 Medicare tax withheld			
North James FL 18462-7999			88684.19				2571.84				
NOICH Dames II 10402 / 999				7 Social security tips				8 Allocated tips			
				81526.2				88684			
d Control number			9 A	Advance EIC pay	ment	10	•	nt care be	nefits		
8981243				I			155				
e Employee's first name and initial Last name			11 1	Nonqualified plans	3	12a	See inst	ructions fo	or box 12		
Terry Torres			134				2152				
Terry Torres			13 Statu empl		nent Third-party sick pay	12b	1				
298 Bonnie Brook Kathrynport RI 29739-0286			14 Other (see enclosed Notice to Employee)				D 881				
						ee) 12c	Ī				
							E 609				
						12d	12d				
							E	684			
f Employee's address and ZIP code							L				
15 State Employer's state ID number 16 State	e wages, tips, etc. 17	State income tax		18 Local wage	s, tips, etc.	19 Local inc	come tax		20 Locality	name	
KS 570-22-228 5624	17.42 6	177.13		95915.0	08	18286	.39		Hayes Mo	ountain	
OR 323-48-003 5034	10.66 4:	302.78		134451	. 73	17837	. 05		Ryan	Loop	

Wage and Tax

Form W-2 Statement

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 socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
S	TATEMENT	70	01-74-1067	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 Emplo	yer identification number	•		•	1 \	Wages, tips, other compensation	1 2	2 Federal income tax withheld			
80-5837777				110188.11			19902.02				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Cochran-Stephenson Inc				81526.26			6236.76				
85456 Lewis Wells Apt. 156 North James FL 18462-7999				5 Medicare wages and tips			6 Medicare tax withheld				
					88684.19		2571.84				
				7 Social security tips			8 Allocated tips				
				81526.26			88684.19				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
8981243							155				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Terry Torres 298 Bonnie Brook				134			2152				
				13 Statutory Retirement Third-party employee plan sick pay			2b	1			
				Simple Si			D	881			
Kathrynport RI 29739-0286			14 Other (see enclosed Notice to Employee)			12c					
							E	609			
						1:	2d				
							-	CO 4			
							E 684				
f Emplo 15 State	eyee's address and ZIP cod Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Loca	al income tax	,	20 Locality name	
KS	570-22		56247.42	6177.13				L8286.39		· ·	
12	310-22	2-220	50247.42	01//.13		30310.00	1020	50.39		Hayes Mountain	
OR	323-48	3-003	50340.66	4302.78		134451.73		37.05	Ryan Loop		

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

