REISSUEI	-	al security number 25-46-8790	OMP N	o. 1545-00	Safe, Accu	THE A	~file		RS Website s.gov/efile.	
STATEMEN		23-46-6790	OIVIB IN						Ü	
b Employer identification				1 Wages, tips, other compensation			Federal income tax withheld			
45-8379306				46525.54			10400.02			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Ibarra-Burton PLC				36413.88			2785.66			
4304 Murphy Key Apt. 604				5 Medicare wages and tips			6 Medicare tax withheld			
New Spencer NC 08878-9604				40063.92		1161.85				
New Spencer NC 08878-9604				7 S	ocial security tips		8 Allocated tips			
				36413.88			40063.92			
d Control number			9 Advance EIC payment			10 Dependent care benefits				
256621								245		
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Jason Ortiz			285			D 7665				
			13 Statutory Retirement Third-party employee plan sick pay			12b				
12903 Gilbert Garden Suite 798						н 373				
New Angela VT 69309-5285			14 Other (see enclosed Notice to Employee)			12c	i			
						E	255			
						12d				
							E	574		
f Employee's address a	nd 7IP code							10		
	state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, et	c. 19	Local income ta	ax	20 Locality name	
MA 4	04-28-109	23225.48	1284.27		32744.35	2744.35 83			Smith Bridge	
KS 9	L7-17-437	23792.48	867.23		52304.17	50	065.62		Schultz Pass	

Wage and Tax

Form W-2 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.

	REISSUED	a Employee's soci	al security number			This information is being furnish	hed to	the Internal R	evenue Serv	ice. If you are required	
	TATEMENT		25-46-8790	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			ı I	1 \	Vages, tips, other compensation		2 Federal income tax withheld			
45-8379306				46525.54			10400.02				
c Emplo	yer's name, address, and 2	ZIP code			3 Social security wages			4 Social security tax withheld			
Ibarra-Burton PLC				36413.88			2785.66				
4304 Murphy Key Apt. 604				5 Medicare wages and tips			6 Medicare tax withheld				
	New Spencer NC 08878-9604				40063.92			1161.85			
					7 Social security tips			8 Allocated tips			
				36413.88			40063.92				
d Control number			9 Advance EIC payment			10 Dependent care benefits					
	256621							245			
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans 12a See instructions fo			for box 12			
Jason Ortiz			285			D 7665					
			13 Statutory Retirement Third-party			12b					
12903 Gilbert Garden Suite 798				employee plan sick pay			н 373				
New Angela VT 69309-5285			14 (Other (see enclosed Notice to Employ	ree)	12c					
						-	255				
								12d	1		
				!			E 574				
	yee's address and ZIP cod	е									
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	_ocal income t	ax	20 Locality name	
MA	404-28	-109	23225.48	1284.27		32744.35	83	85.38		Smith Bridge	
KS	917-17	-437	23792.48	867.23		52304.17	50	65.62		Schultz Pass	

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

