R	REISSUED	a Employee's socia	I security number			Safe, A	ccurate,			Visit the	IRS Website	
ST	<b>TATEMENT</b>	32	27-83-6236	OMB N	o. 1545-0	008 FAST!	Use	<b>e</b> ~fi	16	at www.i	rs.gov/efile.	
b Employer identification number					1 \	1 Wages, tips, other compensation			2 Federal income tax withheld			
	62-6060710					155317.53			39560.06			
c Emplo	yer's name, address, and 2	ZIP code			3 Social security wages			4	4 Social security tax withheld			
Coleman, Taylor and Little Group					118026.53			9	9029.03			
8159 Walker Extensions				5 Medicare wages and tips				6 Medicare tax withheld				
East Toddfort HI 84301-2093				158079.6				4584.31				
				7 Social security tips				8 Allocated tips				
					118026.53				158079.6			
d Control number					9 Advance EIC payment			10	10 Dependent care benefits			
	9864860								276			
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12				
				225				D 1614				
	Travis Ortiz				13 Statutory Retirement Third-party employee plan sick pay							
656 Brown Island				X Sick Day  14 Other (see enclosed Notice to Employee)				E 847				
Nicoleborough NY 20071-0855												
									D 995			
									12d			
										111		
f Employ	vee's address and ZIP cod	۵										
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	ļ	18 Local wages, tip	os, etc.	19 Local in	come tax	:	20 Locality name	
NM	828-39	-791	81606.73	4269.7		196853.8	2	21272	.91		Soto Ports	
	0.60	0.4.6		2010 55		110500 6		0000=	4.0			
IL	068-43	-246	78029.5	3313.77		112538.6	5	20905	.46		Matthew Land	

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 Employee's soc	al security number			This information is being furnis	hed to the	Internal Re	venue Serv	ice. If you are	required	
STATEMENT	3	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					Wages, tips, other compensation			2 Federal income tax withheld			
62-6060710					155317.53			39560.06			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Coleman, Taylor and Little Group					118026.53			9029.03			
8159 Walker Extensions					Medicare wages and tips	6	6 Medicare tax withheld				
					158079.6		4584.31 8 Allocated tips				
East Todo	East Toddfort HI 84301-2093				Social security tips	8					
					118026.53		158079.6				
d Control number					9 Advance EIC payment			10 Dependent care benefits			
9864860								276			
e Employee's first name and i	nitial Last nam	e		11 N	lonqualified plans	12	12a See instructions for box 12				
Travis C	Travis Ortiz				225 tory Retirement Third-party	12	D 1614				
656 Brown Island				emple			E 847		,		
Nicoleborough NY 20071-0855				14 Other (see enclosed Notice to Employee)			12c				
							D 995				
						12	d				
								111			
f Employee's address and ZI		140 00000000000000000000000000000000000	17 State income tax		140 1 1	140 1	Lincome ta:		00 1		
15 State Employer's state		16 State wages, tips, etc.			18 Local wages, tips, etc.			(	20 Locality n		
NM 828-	39-791	81606.73	4269.7		196853.82	2127	2.91		Soto Po	orts	
IL 068-	43-246	78029.5	3313.77		112538.65	2090	5.46		Matthew	Land	

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

