REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website					
STATEMENT 847-23-1821	OMB No. 1545-0	008 FAST! Use	E -file	at www.irs.gov/efile.			
b Employer identification number	1	Wages, tips, other compensation	2 Federa	Federal income tax withheld			
43-1161640		132794.66	2682	26827.82			
c Employer's name, address, and ZIP code	3	Social security wages	4 Social	4 Social security tax withheld			
Kelley, Ortiz and Bailey Group		160018.27		12241.4			
3925 Brian Ferry Suite 646	5	Medicare wages and tips	6 Medica				
Blanchardside MN 91473-1883		130165.91		3774.81			
Branchardside MM 91475-1005	7	Social security tips	8 Alloca	8 Allocated tips			
		160018.27		130165.91			
d Control number	9	Advance EIC payment	10 Depen	10 Dependent care benefits			
74045			179				
e Employee's first name and initial Last name		Nonqualified plans	12a See ir	12a See instructions for box 12			
Gregory Rodriguez		118	H	н 3538			
		utory Retirement Third-party loyee plan sick pay	12b	-			
416 Stephanie Square Suite 603	X			211			
East Peterview NJ 50663-0289	14	Other (see enclosed Notice to Employ	ree) 12c				
Last receivies no souds des				115			
			12d	10			
				653			
			Н	653			
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State	ate income tax	18 Local wages, tips, etc.	19 Local income ta	x 20 Locality name			
	0.68	103327.6	16934.57				
A2 120-05-749 70299.41 4/1	0.00	103321.0	10934.57	Samuel Center			
CO 962-75-342 64058.98 601	6.02	162783.64	21660.92	Jenna Rapids			

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.

F	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
S	TATEMENT	84	47-23-1821	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		2 Federal income tax withheld			
43-1161640			132794.66			26827.82					
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld					
Kelley, Ortiz and Bailey Group			160018.27			12241.4					
3925 Brian Ferry Suite 646				5 Medicare wages and tips 130165.91			6 Medicare tax withheld 3774.81				
Blanchardside MN 91473-1883											
			7 Social security tips			8 Allocated tips					
			160018.27			130165.91					
d Contro	d Control number			9 Advance EIC payment			10 Dependent care benefits				
74045						179					
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Gregory Rodriguez			118			н 3538					
			13 State			12b	1				
416 Stephanie Square Suite 603						211					
East Peterview NJ 50663-0289			14 (Other (see enclosed Notice to Employ	ree)	12c					
			!				115				
								12d			
						н 653					
	yee's address and ZIP co		T .	T -		1				1	
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		_ocal income tax		20 Locality name	
AZ	128-05	5-749	70299.41	4710.68		103327.6	16	934.57		Samuel Center	
со	962-75	5-342	64058.98	6016.02		162783.64	21	660.92		Jenna Rapids	

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

