REISSUED a Employee's socia	•			Safe	Accurate,	e D	AHIO.	Visit the	IRS Websi	te
STATEMENT 10	55-66-3170	OMB N	o. 1545-00	008 <b>FAS</b>	Γ! Use	5	Tile)	at www.ii	rs.gov/efile	
<b>b</b> Employer identification number			1 V	Vages, tips, other	compensation		2 Federa	l income tax	withheld	
25-1735692			219191.23				36133.88			
c Employer's name, address, and ZIP code			3 Social security wages				4 Social security tax withheld			
Taylor PLC Group			190614.96				14582.04			
3637 Wright Extension			5 Medicare wages and tips				6 Medicare tax withheld			
			235833.88				6839.18			
South Steven DC 94463-7932			7 Social security tips				8 Allocated tips			
			190614.96				235833.88			
d Control number			9 Advance EIC payment				10 Dependent care benefits			
4907291								188		
e Employee's first name and initial Last name			11 Nonqualified plans				12a See instructions for box 12			
Patrick Rosales			246				E 2254			
			13 Statutory Retirement Third-party employee plan sick pay				12b			
8847 Davis View			X		sick pay		н	678		
South Joseph NY 47435-2793				14 Other (see enclosed Notice to Employee)			12c			
							E	702		
						-	12d			
							_			
							D	551		
f Employee's address and ZIP code	10.00	47. 00-1-1-1-1-1		10 1	Maria de	140 1			00.1	
15 State Employer's state ID number	3.,,,,,,,	17 State income tax		18 Local wages	• •		cal income tax		20 Locality	name
NH 918-17-616	111373.62	4763.96		218043.	79	226	56.48		Angela	Lodge
NM 787-47-490	103143.25	6364.06		258587.	16	299	93.13		Sanchez	Divide

Wage and Tax Statement

Form W-2

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.

REISSUED	a Employee's socia	al security number							vice. If you are required		
STATEMENT	16	65-66-3170	ON	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>b</b> Employer identification number	•		•	1 V	ages, tips, other compo	ensation	2 F	ederal income ta	x withheld		
25-1735692				219191.23			36133.88				
c Employer's name, address, and ZIP code			<b>3</b> S	3 Social security wages			4 Social security tax withheld				
Taylor PLC Group				190614.96			14582.04				
3637 Wright Extension			5 N	The state of the s			6 Medicare tax withheld				
South Steven DC 94463-7932				235833.88			6839.18				
			7 S	7 Social security tips			8 Allocated tips				
					190614.96			235833.88			
d Control number			9 A	9 Advance EIC payment			10 Dependent care benefits				
4907291							188				
e Employee's first name and initial Last name			11 N	11 Nonqualified plans			12a See instructions for box 12				
	-				246			E 2254	:		
Patrick Rosales			13 Statu		Third-party	12b	1				
8847 Davis View				X	employee plan sick pay			н 678			
South Joseph NY 47435-2793				14 C	14 Other (see enclosed Notice to Employee)			12c			
								E 702			
				12d							
								D 551			
f Employee's address and ZIP co	ide										
15 State Employer's state ID r		16 State wages, tips, etc.	17 State income	e tax	18 Local wages, tips,	etc. 19	9 Local incor	ne tax	20 Locality name		
NH 918-1	7-616	111373.62	4763.96	;	218043.79	2	2656.	48	Angela Lodge		
NM 787-4	7-490	103143.25	6364.06	)	258587.16	2	9993.	13	Sanchez Divide		

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

