F	REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website								
S	TATEMENT	16	52-30-4867	OMB	No. 1545-0	008 FAST	! Use	G	≁file >	at www.i	rs.gov/efile	<i>}</i> _	
b Employer identification number					1	1 Wages, tips, other compensation			Federal income tax withheld				
68-7693957						48350.89			14121.43				
c Employer's name, address, and ZIP code					3	3 Social security wages			4 Social security tax withheld				
Martinez Group LLC						51334.06			3927.06				
9007 Cruz Villages					5				6 Medicare tax withheld				
	Cassidyland KS 41330-5078					36722.87				1064.96			
					7				8 Allocated tips				
						51334.06			36722.87				
d Control number					9	9 Advance EIC payment			10 Dependent care benefits				
3693496									145				
e Employee's first name and initial Last name				11	11 Nonqualified plans			12a See instructions for box 12					
	Diana Decker					221			8346				
						13 Statutory Retirement Third-party employee plan sick pay			12b	1			
	92899 Sara Inlet					X Other (see enclosed Notice to Employee)			н 882				
East Yolandaland OR 37199-3967					14				12c				
	Last Totalicatura on 3/133 3307								G	G 183			
									12d			-	
									н	365			
f Emplo	vee's address and ZIP cod	0						-		303			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income ta:	x	18 Local wages	tips, etc.	19 L	ocal income tax	(20 Locality	/ name	
KY	934-64	-971	23896.02	1271.54		62218.8	6	87	80.97		Eric	Plaza	
МТ	230-56	-320	25931.01	1831.18		40000.1		65	49.8		Eric (Corner	

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.

RE	REISSUED a Employee's social security number				This information is being furnished to the Internal Revenue Service. If you are required							
	ATEMENT	No. 1545-00	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					1 \	1 Wages, tips, other compensation			2 Federal income tax withheld			
68-7693957					48350.89			14121.43				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Martinez Group LLC 9007 Cruz Villages					51334.06			3927.06				
					5 1	Medicare wages and tips		6 Medicare tax withheld				
					36722.87			1064.96				
١	Cassidyland KS 41330-5078					7 Social security tips			8 Allocated tips			
					51334.06			36722.87				
d Control r	number				9 Advance EIC payment			10 Dependent care benefits				
3693496								145				
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12				
	Diana Decker				221			8346				
ם ו					13 Statu		1	I2b				
9	2899 Sara	a Inlet			empl	oyee plan sick pay		н	882			
	Fact Valendaland OD 27100 2007				14 Other (see enclosed Notice to Employee)			12c				
F.	East Yolandaland OR 37199-3967							_	100			
							L.	G	183			
							1	12d	1			
								H	365			
f Employee's address and ZIP code												
15 State	Employer's state ID nu	ımber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Loc	al income tax	(20 Locality name		
KY	934-64	l-971	23896.02	1271.54		62218.86	878	0.97		Eric Plaza		
мт	230-56	5-320	25931.01	1831.18		40000.1	654	9.8		Eric Corner		

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

