RI	EISSUED	a Employee's socia	l security number			Safe	, Accurate,	e 🖸	GH		Visit the	IRS Website	
ST	ATEMENT	63	31-21-2640	OMB N	o. 1545-0	008 FAS	T! Use	J		e	at www.i	rs.gov/efile.	
b Employer identification number					1	1 Wages, tips, other compensation			2 Federal income tax withheld				
01-4281455					181723.01				45905.73				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Gray-Diaz Ltd					142187.23				10877.32				
8986 Martinez Springs Suite 644 South Thomas MA 85482-4172					5 Medicare wages and tips				6 Medicare tax withheld				
					175902.89				5101.18				
					7 Social security tips				8 Allocated tips				
					142187.23				175902.89				
d Control number					9 Advance EIC payment				10 Dependent care benefits				
5134161									267				
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
					280				P 8335				
	Gavin Andrews					13 Statutory Retirement Third-party employee plan sick pay				1	1		
5078 Herrera Highway					X					D	894		
New Jeremiah NV 29382-2819						14 Other (see enclosed Notice to Employee)			12c				
1.0.1 00202011 1.1 23002 2023										E	582		
								Ī	12d				
										D	914		
f Employe	ee's address and ZIP cod	e						-					
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wage	s, tips, etc.	19 L	ocal inco	me tax		20 Locality name	
СО	582-55	-918	83355.49	8871.21		185049	. 96	21	544.	75		Vanessa Freeway	
AK	331-59	-119	88555.26	8448.55		201572	. 38	25	263.	02		Adams Street	

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.

F	REISSUED a Employee's social security number					This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if						
_	STATEMENT 031 21 2040				this income is taxable and you fail to report it.							
b Emplo	b Employer identification number					1 Wages, tips, other compensation			Federal income tax withheld			
01-4281455					181723.01			45905.73				
c Emplo	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Gray-Diaz Ltd					142187.23			10877.32				
8986 Martinez Springs Suite 644					5 N	Medicare wages and tips	6 Medicare tax withheld 5101.18					
						175902.89						
South Thomas MA 85482-4172					7 5	Social security tips	8 Allocated tips					
						142187.23	175902.89					
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	5134161								267			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
					280			P 8335				
	Gavin Andrews					tory Retirement Third-party	12b					
5078 Herrera Highway New Jeremiah NV 29382-2819					mployee plan sick pay X Other (see enclosed Notice to Employee)			D	894	894		
								12c				
								_	1			
								E 582				
								12d	i			
						!			914			
f Employee's address and ZIP code										_		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		10 = 10 m m g 11, mp 1, 110 m		_ocal income	ax	20 Locality name		
СО	582-55	918	83355.49	8871.21		185049.96 21		21544.75		Vanessa Freeway		
AK	331-59	-119	88555.26 8448.55		201572.38 25		25	263.02	2	Adams Street		

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

