REISSUED a Employee's social	•			Safe, Accurate,	IRS O		Visit the I	RS Website	
STATEMENT 10	8-02-0682	OMB No	o. 1545-00	008 FAST! Use	G	file	at www.ir	s.gov/efile.	
b Employer identification number			1 V	Vages, tips, other compensation		2 Federal	l income tax	withheld	
86-8933392				167818.24		32320	0.21		
c Employer's name, address, and ZIP code			3 8	Social security wages		4 Social s	security tax v	vithheld	
Ruiz-Nelson Inc			208248.75			15931.03			
1593 Kevin Extension			5 N	Medicare wages and tips		6 Medicare tax withheld			
New Lisastad AL 73478-3852				197103.35		5716.0			
New LISastad AL /34/0-3032			7 Social security tips			8 Allocated tips			
				208248.75			1971		
d Control number			9 A	Advance EIC payment	1	10 Depend	dent care be	nefits	
7056846							225		
e Employee's first name and initial Last name			11 1	lonqualified plans	1	12a See ins	structions f	or box 12	
a			238			4154			
Garrett Williams			13 Statu empl		ty 1	12b			
48615 Raymond Centers			empi	byee plan sick pay			382		
Rachelmouth ME	97905-1914		14 (Other (see enclosed Notice to Emp	oyee) 1	12c	i		
						P	652		
					1	12d	i		
						P	887		
f Employee's address and ZIP code							•		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Loc	cal income tax	:	20 Locality name	
NE 300-82-013	88506.34	5925.77		210998.17	276	21.43		Megan Square	
VT 646-03-230	76452.39	5641.24		147422.59	200	26.34		Burke Rue	

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.

F	REISSUED	a Employee's soc	cial security number		This information is being furnished to the Internal Revenue Service. If you are required					
S	TATEMENT	1	.08-02-0682	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 Employer identification number				Wages, tips, other compensation			2 Federal income tax withheld			
86-8933392				167818.24			32320.21			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Ruiz-Nelson Inc				208248.75			15931.03			
1593 Kevin Extension				5 Medicare wages and tips			6 Medicare tax withheld			
New Lisastad AL 73478-3852			197103.35			5716.0				
			7 Social security tips			8 Allocated tips				
				208248.75			197103.35			
d Control number				9 Advance EIC payment			10 Dependent care benefits			
	7056846								225	
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Garrett Williams			238			4154				
			13 Stat	utory Retirement Third-party loyee plan sick pay		12b	i			
48615 Raymond Centers			Cinp	Joseph Stok Pay			382			
	Rachelmout	th ME	97905-1914		14	Other (see enclosed Notice to Employ	ree)	12c	ı	
7,700 1711						P	652			
							ŀ	12d		
								P	887	
f [ovee's address and ZIP coo	J_					ŀ	F	007	
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	Local income ta	(20 Locality name
NE	300-82	2-013	88506.34	5925.77		210998.17	27	621.43		Megan Square
							<i>:</i> -	J1J		negan bquare
VT	646-03	3-230	76452.39	5641.24		147422.59	20	026.34		Burke Rue

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

