REISSUED a Employee's social security number	Safe, Accurate, Visit the IRS Website				
STATEMENT 449-96-4965	OMB No. 1545-0008 FAST! Use at www.irs.gov/efile.				
b Employer identification number	1 Wages, tips, other compensation 2 Federal income tax withheld				
66-9738687	212177.52 27979.32	27979.32			
c Employer's name, address, and ZIP code	3 Social security wages 4 Social security tax withheld	4 Social security tax withheld			
Elliott and Sons and Sons	186557.24 14271.63	14271.63			
8992 Riggs Mount Suite 987	5 Medicare wages and tips 6 Medicare tax withheld				
Taylorview DC 16034-7836		7317.64			
14,101116# 20 10031 /030		8 Allocated tips			
		252332.51			
d Control number	9 Advance EIC payment 10 Dependent care benefits				
5197294		221			
e Employee's first name and initial Last name	11 Nonqualified plans 12a See instructions for box 12	12a See instructions for box 12			
Lee Rivera	131 9374	9374			
Lee Rivera	13 Statutory Retirement Third-party employee plan sick pay				
386 Zoe Extension Suite 409					
North Abigailbury FL 01899-3808	14 Other (see enclosed Notice to Employee) 12c				
	D 549				
	12d				
	760				
f Employee's address and ZIP code					
15 State Employer's state ID number 16 State wages, tips, etc. 17 State i	come tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality na	me			
CA 740-58-580 101231.02 6539	8 173697.81 40404.7 Amber Ro	oads			
VT 939-77-720 96222.43 6779	82 159149.34 21919.04 Mason Mea	dows			

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.

R	EISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required								
STA	ATEMENT	4	49-96-4965	OMB 1	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				1 '	Wages, tips, other compensation				2 Federal income tax withheld				
66-9738687						212177.52			27979.32				
c Employer's name, address, and ZIP code				3	3 Social security wages				4 Social security tax withheld				
Elliott and Sons and Sons					186557.24			14271.63					
8992 Riggs Mount Suite 987 Taylorview DC 16034-7836					5 Medicare wages and tips				6 Medicare tax withheld				
					252332.51				7317.64				
					7 Social security tips				8 Allocated tips				
					186557.24				252332.51				
d Control number					9 /	9 Advance EIC payment				10 Dependent care benefits			
5197294										221			
e Employee's first name and initial Last name			11 Nonqualified plans 12a See instructions for box 12					for box 12					
Lee Rivera			131				9374						
ICC RIVEIU				13 State emp	utory Retirement loyee plan	Third-party sick pay		12b	I				
386 Zoe Extension Suite 409							E						
North Abigailbury FL 01899-3808				14 Other (see enclosed Notice to Employee)				12c					
			D					549					
									12d				
								760					
	ee's address and ZIP coo		Trans.	T.=		T		1			T		
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		10 2000 110900, 1100 1100			9 Local income tax		20 Locality name		
CA	740-58	3-580	101231.02	6539.8		173697.83	<u>L</u>	404	104.7		Amber Roads		
VT	939-77	7-720	96222.43	6779.82		159149.34	1	219	19.04		Mason Meadows		

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

