REIS	SUED a	Employee's socia	l security number				Safe, Accurate	e,	12 H		Visit the	IRS Websit	e
STATE	EMENT	69	3-20-0852	OMB N	o. 1545-0	800	FAST! Use		~ f	E	at www.i	rs.gov/efile.	
b Employer idea	ntification number			<u>.</u>	1	1 Wages, tips, other compensation				Federal income tax withheld			
11-2492993						121467.34				43273.96			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
Torres and Sons LLC					104827.27				8019.29				
2012 Micheal Pass				5 Medicare wages and tips 148462.86				6 Medicare tax withheld 4305.42					
Timothyborough VT 39638-4464				7 Social security tips				8 Allocated tips					
					104827.27				148462.86				
d Control number					9 Advance EIC payment				10 Dependent care benefits				
930	7051										224		
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12						
Kimberly Gutierrez					270				P 8394				
Kimberry Gucrerrez				13 Statutory Retirement Third-party employee plan sick pay				12b		1			
723 Timothy Keys				X		X			G	271			
New Jessica NC 99133-3115					14 Other (see enclosed Notice to Employee)				12c		ı		
									D 620				
									12d		1		
										G	132		
	address and ZIP code		T	T.= 2		T		1				1	
	nployer's state ID num		16 State wages, tips, etc.	17 State income tax			wages, tips, etc.		Local inc		(20 Locality	name
LA	674-68-	-655	62323.51	2867.53		1065	30.18	16	684	. 97		Hernandez	Fords
ME	344-47-	488	58819.87	3832.86		9914	6.94	12	690	.74		Peter :	Shore

Wage and Tax

Form W-2 Statement

5010

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 socia	•		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 693-20-0852 OMB No. 1545-0008 this income is taxable and you fail to report it.							, ,				
b Emplo	b Employer identification number					Vages, tips, other compensation		Federal income tax withheld				
11-2492993					121467.34			43273.96				
c Emplo	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Torres and Sons LLC					104827.27			8019.29				
2012 Micheal Pass					5 N	Medicare wages and tips		6 Medicare tax withheld				
Timothyborough VT 39638-4464					148462.86		4305.42					
				7 8	ocial security tips		8 Allocated tips					
						104827.27		148462.86				
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	9307051								224			
e Emplo	e Employee's first name and initial Last name					lonqualified plans		12a See instructions for box 12				
	Kimberly Gutierrez					270			P 8394			
						tory Retirement Third-party byee plan sick pay		12b	1			
	723 Timothy Keys				employee plan sick pay			G	271			
	New Jessica NC 99133-3115					Other (see enclosed Notice to Employ	ree)	12c	l			
							D 620					
							-	12d				
									G 132			
	f Employee's address and ZIP code											
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	ocal income tax		20 Locality name		
LA	674-68	3-655	62323.51	2867.53		106530.18 1		684.97	Hernandez Fords			
ME	344-47-488 58819.87 3832.86			99146.94 12			690.74	Peter Shore				

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

