R	REISSUED	a Employee's socia	l security number			Sa	fe, Accurate,	RC	a HI	Visit t	he IRS Webs	ite	
ST	FATEMENT	55	6-97-4698	OMB N	o. 1545-0	0008 FA	ST! Use	5	file	at ww	w.irs.gov/efile) .	
b Emplo	yer identification number				1	1 Wages, tips, other compensation				2 Federal income tax withheld			
71-0736420						156349.6				45743.56			
c Employ	yer's name, address, and 2	ZIP code			3 Social security wages				4 Social security tax withheld				
Collins, Garrett and Tucker Inc						179308.7				13717.12			
6753 Johnson Plain Apt. 965 North Pamelachester RI 26009-2281					5 Medicare wages and tips				6 Medicare tax withheld				
					185302.85				5373.78				
•	North Pamelachester RI 26009-2261					7 Social security tips				8 Allocated tips			
					179308.7				185302.85				
d Control number				9 Advance EIC payment				10 Dependent care benefits					
4646972									188				
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12					
					221				D 9095				
Carlos Brown				13 Statutory Retirement Third-party employee plan sick pay				12b					
8103 Penny Forges					employee plan sick pay				E	203	3		
New Kristenton CA 20884-9392					14 Other (see enclosed Notice to Employee)				12c	i			
11011 11210 0011 0011 20001 3332				E					345	5			
									12d				
									G	661	<u>-</u>		
f Employee's address and ZIP code										•			
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wag	jes, tips, etc.	19 Lo	ocal incom	e tax	20 Locality	/ name	
AZ	977-99	-171	79388.82	7164.11		172977	7.11	213	322.8	35	Michael	Unions	
SD	635-45	-938	76612.49	6103.02		139519	.55	198	311.9	98	Jimene	z Isle	

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.

	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
	OMP No. 1545 0009 to file a tax return, a negligence penalty or other sanction may be imposed										
	STATEMENT 556-97-4698 OMB N b Employer identification number				this income is taxable and you fail to report it.						
	•				1	Wages, tips, other compensation	2 Federal income tax withheld				
	71-0736420				156349.6			45743.56			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Collins, Garrett and Tucker Inc					179308.7			13717.12			
6753 Johnson Plain Apt. 965 North Pamelachester RI 26009-2281					5	Medicare wages and tips	Medicare tax withheld				
						185302.85	5373.78				
					7	Social security tips	8 Allocated tips				
					179308.7			185302.85			
d Control number					9 Advance EIC payment			10 Dependent care benefits			
4646972								188			
e Emplo	yee's first name and initial	Last nam	е		11 Nonqualified plans			12a See instructions for box 12			
					221			D 9095			
	Carlos Brown					13 Statutory Retirement Third-party					
8103 Penny Forges New Kristenton CA 20884-9392					employee plan sick pay			E	203		
								_	203		
					14 Other (see enclosed Notice to Employee)			12c	İ		
								P 345			
							ŀ	12d			
						ļ			661		
							G 661				
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.	10 1	ocal income ta	,	20 Locality name	
			0			· · · · · · · · · · · · · · · · · · ·				•	
AZ	977-99	9-1'/⊥	79388.82	7164.11	172977.11 2		21	1322.85		Michael Unions	
SD	635-45	5-938	76612.49	6103.02	139519.55		19	9811.98		Jimenez Isle	

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

