REIS	SSUED	a Employee's socia	•		Safe, Accurate,						Visit the	IRS Web	site		
STAT	<b>TEMENT</b>	54	15-61-8271	OMB I	No. 1545-0	8000	AST! Use	J	<b>7</b>	E	at www.i	rs.gov/efi	le.		
<b>b</b> Employer id	dentification number	1	1 Wages, tips, other compensation					2 Federal income tax withheld							
52	-4666872		209171.4					58267.59							
c Employer's	name, address, and Z	3	3 Social security wages					4 Social security tax withheld							
Reed-Holden Inc						193281.27					14786.02				
738 April Spurs New Tylerfort IL 27614-7153						5 Medicare wages and tips					6 Medicare tax withheld				
						169047.71				4902.38					
						7 Social security tips				8 Allocated tips					
						193281.27					169047.71				
d Control number						9 Advance EIC payment 10 Dependent care benefits						enefits			
1677187								164							
e Employee's first name and initial Last name						11 Nonqualified plans					12a See instructions for box 12				
Nathaniel Vega 38308 Wolf Lights Apt. 407						193					G 1637				
						13 Statutory Retirement Third-party employee plan sick pay									
						employee plan sick pay				н 887					
.To	essicache	14	14 Other (see enclosed Notice to Employee)				12c								
Jessicachester MD 73831-1963										740					
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										H	999				
	s address and ZIP code Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	<u> </u>	18 Local v	vages, tips, etc.	19	Local inco	me tax		20 Local	litv name		
ID	993-63		103518.03	5840.75		9			31117.43				Stravenue		
	793 03		100010.00	3040.73		13000	····	121				Dollard	Stravenue		
UT	916-19	-304	98256.36	7668.6		222310.55 33			33983.62			Kim	Plaza		

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.

REISSI	IFD	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required									
STATEM		54	15-61-8271	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						1 Wages, tips, other compensation 2 Federal income tax withheld							withheld	
52-4666872						209171.4				58267.59				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld				
Reed-Holden Inc						193281.27				14786.02				
738 April Spurs New Tylerfort IL 27614-7153						5 Medicare wages and tips 169047.71				6 Medicare tax withheld 4902.38				
						193281.27				169047.71				
						d Control number						9 Advance EIC payment		
1677187										164				
e Employee's first name and initial Last name						11 Nonqualified plans				12a See instructions for box 12				
Nathaniel Vega						193					G 1637			
						13 Statutory Retirement Third-party				12b				
						employee plan sick pay					н 887			
38308 Wolf Lights Apt. 407											п	007		
Jessicachester MD 73831-1963							14 Other (see enclosed Notice to Employee)				12c			
										740				
									Ī	12d				
										н 999				
f Employee's address and ZIP code												•		
15 State Emplo	yer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 19		19 L	9 Local income tax			20 Locality name		
ID	993-63	-291	103518.03	5840.75		148009.88 3			31	1117.43			Donald Stravenue	
UT	916-19	-304	98256.36	7668.6	222310.55 3		33	33983.62			Kim Plaza			

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

