R	REISSUED a Employee's social security number				Safe, Accurate,						Visit the	IRS Website		
ST	FATEMENT	86	59-79-6253	OMB N	o. 1545-(8000	FAST! Us	se 📉	G~I	16	at www.i	rs.gov/efile.		
b Employer identification number					1	Wages, tip	s, other compe	ensation	2	2 Federal income tax withheld				
	94-3745514					151838.73				18073.24				
c Employ	yer's name, address, and 2	ZIP code			3 Social security wages				4	4 Social security tax withheld				
Gonzalez-Martinez Ltd					144504.75				1	11054.61				
264 Roberson Meadows Apt. 653					5 Medicare wages and tips				6					
Coxton VT 54248-5281					116573.04					3380.62				
					7 Social security tips				8	8 Allocated tips				
					144504.75					116573.04				
d Control number					9 Advance EIC payment 10 Depender					dent care be	enefits			
7657205											189			
e Employee's first name and initial Last name					11 Nonqualified plans				12a	12a See instructions for box 12				
					128					4745				
	Joshua Brown					13 Statutory Retirement Third-party employee plan sick pay				12b				
771 Green Knoll Port Jackshire PA 94197-7660						employee plan sick pay					982			
						14 Other (see enclosed Notice to Employee)					1			
111 9129 700										P	113			
									12d					
										E	194			
f Employ	vee's address and ZIP cod	۵												
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Loca	al wages, tips,	etc.	19 Local in	come tax	(20 Locality name		
MS	003-00	-350	82107.42	10160.68		1694	422.19		16944	.3		Duncan Harbor		
												T		
RI	776-03	-023	69906.56	9593.34		1332	241.14		17859	.82		Claudia Club		

Wage and Tax

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 social security number				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 869-79-6253				o. 1545-		ax return, a negliger me is taxable and yo				ction may b	e imposed on you if		
b Employer identification number				1	Wages, tips, ot	ner compensation		Federal income tax withheld					
94-3745514					151838.73				18073.24				
c Employer's name, address, and ZIP code					3 Social security wages					4 Social security tax withheld			
Gonzalez-Martinez Ltd 264 Roberson Meadows Apt. 653 Coxton VT 54248-5281					144504.75					11054.61			
					5 Medicare wages and tips 116573.04				6 Medicare tax withheld 3380.62				
													7 Social security tips
						144504.75				116573.04			
d Control number	d Control number					9 Advance EIC payment				10 Dependent care benefits			
7657205	7657205									189			
e Employee's first name and initial					11 Nonqualified plans				12a See instructions for box 12				
Tachus					128				4745				
Joshua	Joshua Brown					13 Statutory Retirement Third-party employee plan sick pay				ı			
771 Green Knoll					X SICK PAY				P	982			
Port Jacks	14 Other (see enclosed Notice to Employee)				12c								
Port Jackshire PA 94197-7660									P	113			
									12d				
									E	194			
f Employee's address and ZIP coo	le												
15 State Employer's state ID no	ımber	16 State wages, tips, etc.	17 State income tax		18 Local wa	ges, tips, etc.	19	Local inc	ome tax		20 Locality name		
MS 003-00)-350	82107.42	10160.68		16942	2.19	16	5944	. 3		Duncan Harbor		
RI 776-03	3-023	69906.56	9593.34		13324	1.14	17	7859	. 82		Claudia Club		

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

