REISSUED	a Employee's socia	•			S	afe, Accura	te,	w HI		sit the IR	RS Website	
STATEMENT	55	8-52-7912	OMB N	lo. 1545-00	08 F	AST! Use			at	www.irs	.gov/efile.	
b Employer identification number				1 Wages, tips, other compensation				Federal income tax withheld				
20-8933111				199181.92				63646.7				
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld				
Ortiz PLC Inc					213158.12				16306.6			
2842 Wheeler Place Apt. 307				5 Medicare wages and tips				6 Medicare tax withheld				
				169459.28				4914.32				
New Brandonfort VT 29615-5697				7 Social security tips				8 Allocated tips				
				213158.12				169459.28				
d Control number				9 Advance EIC payment			10 Dependent care benefits					
4966736								189				
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12					
Stacey Mckinney				173			G 3250					
				13 Statutory Retirement Third-party employee plan sick pay				12b	1			
37440 Morales Wells				x			I	P 648				
New John VT 67841-9662					14 Other (see enclosed Notice to Employee)				1			
								l I	1 3	94		
								12d				
								Г	40	69		
f Employee's address and ZIP	onde							-				
15 State Employer's state ID		16 State wages, tips, etc.	17 State income tax	!	18 Local w	ages, tips, etc.	19	Local incom	ne tax	:	20 Locality name	
FL 632-4	4-166	90350.39	5145.9		19060	8.7	25	106.	76	1	Matthew Hills	
DE 241-7	0-562	94064.88	6023.32		21016	2.76	29	711.2	22	1	Maria Ferry	

Wage and Tax

Form W-2 Statement

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.

REISSU	ED a Emp	loyee'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							
STATEM	ENT	558-52-7912	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.							
b Employer identific	b Employer identification number				Wages, tips, other compensation			Federal income tax withheld			
20-8933111				199181.92			63646.7				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Ortiz PLC Inc				213158.12			16306.6				
2842 Wheeler Place Apt. 307 New Brandonfort VT 29615-5697				5 Medicare wages and tips			6 Medicare tax withheld				
					169459.28	4914.32					
				7 5	ocial security tips	8 Allocated tips					
					213158.12	169459.28					
d Control number	d Control number				9 Advance EIC payment			10 Dependent care benefits			
49667	4966736							189			
e Employee's first n	e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Stacey Mckinney				173			G 3250				
				13 Statutory Retirement Third-party			12b				
37440 Morales Wells				employee plan sick pay			P	648			
New John VT 67841-9662				14 (Other (see enclosed Notice to Employ	ree)	12c				
						H	н 394				
					ŀ	12d					
							D	469			
f Employee's address and ZIP code					[
15 State Employ	Employer's state ID number 16 State wages, tips, etc. 17 State income ta.		· · · · · · · · · · · · · · · · · · ·			_ocal income tax	20 Locality name				
FL	632-44-166 90350.39 5145.9		5145.9		190608.7	25	106.76		Matthew Hills		
DE	DE 241-70-562 94064.88 6023		6023.32	210162.76		29711.22			Maria Ferry		

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

