REISSUED a Employee's social security nun	nber	Safe, Accurate, Visit the IRS Website							
STATEMENT 517-73-1	.321	OMB No. 1545-0008	FAST! Use		file)	at www.irs.gov/efile.			
b Employer identification number	<u>.                                      </u>	1 Wag	es, tips, other compensat	ion	2 Federal	income tax withheld			
12-9800174			66746.15			10298.44			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld			
Carter-Bonilla Group			63348.13			4846.13			
86296 Joshua Estate Suite 781			5 Medicare wages and tips			6 Medicare tax withheld			
Chandlershire OH 24961-3992			84998.46			2464.96			
Chandlershire on 24901 5992			7 Social security tips			8 Allocated tips			
			3348.13			84998.46			
d Control number		9 Adva	ance EIC payment	,	•	ent care benefits			
3882224						284			
e Employee's first name and initial Last name		11 None	qualified plans		12a See ins	tructions for box 12			
Buckle and White			120			G 1046			
Anthony White		13 Statutory employee		ird-party k pay	12b				
02951 Watson Highway		employee	, pan	K Pay		496			
Port Ericland MI 120	19-1481	14 Othe	r (see enclosed Notice to	Employee)	12c				
					D	659			
					12d				
					D	222			
f Employee's address and ZIP code					Į.				
15 State Employer's state ID number 16 State was	ges, tips, etc. 17 State incor	me tax 18	Local wages, tips, etc.	19 Lo	cal income tax	20 Locality name			
VT 308-94-305 36094	.84 2086.2	7 6	7988.92	771	.0.55	Rebecca Corners			
MD 219-07-944 33498	.45 1826.3	6 6	7375.28	100	07.88	Thomas Inlet			

Wage and Tax 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.

F	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
S	TATEMENT	5	17-73-1321	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				Wages, tips, other compensation				2 Federal income tax withheld			
12-9800174				66746.15				10298.44			
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld			
Carter-Bonilla Group				63348.13				4846.13			
86296 Joshua Estate Suite 781				5 Medicare wages and tips				6 Medicare tax withheld			
				84998.46				2464.96			
Chandlershire OH 24961-3992			7 Social security tips				8 Allocated tips				
				63348.13				84998.46			
<b>d</b> Contro	ol number				9 /	Advance EIC payment		1	10 Depend	ent care be	enefits
	3882224									284	
e Employee's first name and initial Last name			11 Nonqualified plans			-	12a See instructions for box 12				
Anthony White			120				G 1046				
	Antichony Wi	11 66			13 Statu	tory Retirement oyee plan	Third-party sick pay	'	12b		
02951 Watson Highway							496				
Port Ericland MI 12019-1481				14 Other (see enclosed Notice to Employee)			ee) '	12c			
							D	659			
								-	12d		
									D	222	
f Emplo	vee's address and ZIP co	40						-			
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax	l	18 Local wages, tips, etc	).	19 Loc	cal income tax		20 Locality name
VT	308-94	1-305	36094.84	2086.27		67988.92		771	0.55		Rebecca Corners
MD	219-07	7-944	33498.45	1826.36		67375.28		100	07.88		Thomas Inlet

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

