R	REISSUED	a Employee's socia	I security number				Safe, Acc	urate,		H	Visit the	IRS Website	
ST	TATEMENT	65	8-07-7237	OMB N	lo. 1545-0	8000	FAST! Us	se 📉	G ⁻⁷	ile	at www.i	rs.gov/efile.	
b Employer identification number					1	1 Wages, tips, other compensation				2 Federal income tax withheld			
47-4833305						191923.94				29939.91			
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Estrada-Morris Group						203739.21				15586.05			
581 Jennifer Landing					5 Medicare wages and tips				6	6 Medicare tax withheld			
					248185.75					7197.39			
'	Chandlerburgh RI 71775-2326					7 Social security tips				8 Allocated tips			
					203739.21				248185.75				
d Contro	ol number				9	9 Advance EIC payment			10	10 Dependent care benefits			
416179									199				
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12	12a See instructions for box 12			
		-			166				5958				
	Mr. Willie				13 Statutory Retirement Third-party employee plan sick pay				12	12b			
	08482 Stevenson Curve Apt. 385					X X				623 12c 257			
North David VA 54757-9388					14 Other (see enclosed Notice to Employee)				ee) 12				
										12d			
										P	429		
f Emplo	vee's address and ZIP cod	le									1		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Loc	al wages, tips,	etc.	19 Local	income ta	х	20 Locality name	
NM	454-07	-259	90514.37	7445.42		249	335.08		3378	7.62		Morrison Lights	
AR	903-99	-532	105336.55	6782.9		162	932.33		3415	5.4		Michael Dam	

Wage and Tax

This information is being furnished to the Internal Revenue Service.

5070 **Statement** Form W-2 Copy B--To Be Filed with Employee's FEDERAL Tax Return

Department of the Treasury--Internal Revenue Service

Cut here. Keep lower portion for your records.

	REISSUED	a Employee's soci	•	OMP N	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 030 07 7237				this income is taxable and you fail to report it.							
b Employer identification number					1 \	Vages, tips, other compensation						
47-4833305						191923.94	29939.91					
c Employer's name, address, and ZIP code						Social security wages	4 Social security tax withheld					
Estrada-Morris Group						203739.21	15586.05					
581 Jennifer Landing					5 1	Medicare wages and tips	6 Medicare tax withheld					
						248185.75	7197.39					
	Chandlerburgh RI 71775-2326					Social security tips	8 Allocated tips					
						203739.21	248185.75					
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	416179								199			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
	Mr. Willie 08482 Stevenson Curve Apt. 385				13 Statu	166 tory Retirement Third-party pyee plan sick pay	5958 12b 623					
	North David VA 54757-9388					14 Other (see enclosed Notice to Employee)			12c			
									257			
									12d			
									P 429			
f Emplo	f Employee's address and ZIP code											
15 State	Employer's state ID n	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 19		Local income tax		20 Locality name		
NM	454-0	7-259	90514.37	7445.42	249335.08 33		33	787.62		Morrison Lights		
AR	903-99	9-532	105336.55	6782.9		162932.33		34155.4		Michael Dam		

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

