REISSUED	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Website							
STATEMENT	3:	58-92-9591	OMB N	o. 1545-0	008 FAST!	Use 🐣	£~1	ile	at www.i	rs.gov/efile.	
<b>b</b> Employer identification number				1 Wages, tips, other compensation				2 Federal income tax withheld			
10-7037494				240601.37				44772.13			
c Employer's name, address, and	ZIP code			3 Social security wages				4 Social security tax withheld			
Medina-Powell and Sons				208241.9				15930.51			
78570 Turner Street				5 Medicare wages and tips				6 Medicare tax withheld			
				210422.71				6102.26			
Charlesberg TX 68986-7105				7 Social security tips				8 Allocated tips			
				208241.9				210422.71			
d Control number				9 Advance EIC payment			10				
1898708									198		
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12			
Christian Paul			285				D 6899				
			13 Statutory Retirement Third-party					1			
27240 Hunt Center Suite 448				employee plan sick pay				P	706		
Wagnerport SC 34577-0853					Other (see enclosed N	lotice to Employ	ee) 12c		ı		
								P	284		
							120	12d			
								E	578		
f Employee's address and ZIP coo	le .								10.0		
15 State Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tip	os, etc.	19 Local	ncome ta	x	20 Locality name	
HI 155-60	)-128	122210.05	8926.59		236273.7	4	4418	2.63		William Walk	
NY 516-26	5-114	111005.02	8851.13		295401.1	6	4776	6.12		Dana Manors	

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 social security number						This information is being furnished to the Internal Revenue Service. If you are required						
1	TATEMENT	3.	58-92-9591	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>b</b> Emplo	yer identification number			•	1 Wages, tips, other compensation				Federal income tax withheld			
10-7037494				240601.37			44772.13					
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld					
Medina-Powell and Sons					208241.9			15930.51				
78570 Turner Street				5 Medicare wages and tips			6 Medicare tax withheld					
Charlesberg TX 68986-7105				210422.71				6102.26				
				7 Social security tips			8 Allocated tips					
				208241.9			210422.71					
d Contro	d Control number				9 Advance EIC payment			10 Dependent care benefits				
	1898708							198				
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12					
Christian Paul				285			D 6899					
	Christian Paul				13 Stat	utory Retirement Third-party loyee plan sick pay		12b	1			
27240 Hunt Center Suite 448					emp	loyee plan Sick pay			P	706		
Wagnerport SC 34577-0853				14	Other (see enclosed Notice to Employ	yee)	12c	1				
nagnerpore so sierr voss								P 284				
								12d				
									E 578			
f Employee's address and ZIP code												
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		10 = 11 = 11 = 1 = 1 = 1 = 1 = 1 = 1 = 1		Local income tax			20 Locality name	
HI	155-60	-128	122210.05	8926.59		236273.74 44		4182.63			William Walk	
NY	516-26	-114	111005.02	8851.13		295401.16	47	766.	12		Dana Manors	

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

