REISSUED a Employee's social secu	•			Safe, Accur	ate,		Visit the IRS Website		
STATEMENT 014-8	80-9130	OMB No	. 1545-0	008 FAST! Use		Tile	at www.irs.gov/efile.		
b Employer identification number			1	Wages, tips, other compen	sation	2 Federa	l income tax withheld		
41-9035961				177507.23		3586	1.55		
c Employer's name, address, and ZIP code			3	Social security wages		4 Social s	security tax withheld		
Acosta Inc Group			165315.56			12646.64			
3061 Perez Lakes Apt. 837 New Tony MT 36902-9341			5	Medicare wages and tips		6 Medicare tax withheld			
			7	222243.34 Social security tips		6445.06 8 Allocated tips			
			,			• Allocate	·		
d Control number			9	165315.56 Advance EIC payment		10 Depend	222243.34 dent care benefits		
634008			9	Advance Elo payment		10 Depend	253		
				11 PT I . I		40- 0			
e Employee's first name and initial Last name			11	Nonqualified plans		12a See in:	structions for box 12		
Du Duntin			132			P 4909			
Dr. Dustin			13 State	utory Retirement loyee plan	Third-party sick pay	12b	i		
0511 Archer Rapids			emp	X	SICK Pay		722		
Khanchester GA 72896-8631			14 Other (see enclosed Notice to Employee)			12c	İ		
							574		
						12d			
							582		
f Employee's address and ZIP code									
15 State Employer's state ID number 16 S	State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc	c. 19	Local income tax	20 Locality name		
MA 575-93-077 93	286.61	9906.52		228800.78	2	0668.33	Harris Prairie		
LA 934-27-515 93	221.06	8479.68		226377.63	2	7731.61	Erika Rue		

Wage and Tax
Statement

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.

R	REISSUED	a Employee's socia	•		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						
ST	TATEMENT	01	L4-80-9130	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.						
b Employ	b Employer identification number			1 Wages, tips, other compensation			Federal income tax withheld				
41-9035961				177507.23			35861.55				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Acosta Inc Group				165315.56			12646.64				
3061 Perez Lakes Apt. 837				5 Medicare wages and tips			6 Medicare tax withheld				
New Tony MT 36902-9341			222243.34			6445.06					
			7 Social security tips			8 Allocated tips					
				165315.56			222243.34				
d Contro	ol number				9 /	Advance EIC payment		10 Depend	dent care be	enefits	
634008							253				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Dr. Dustin			132			P 4909					
			13 Statutory Retirement Third-party			12b					
0511 Archer Rapids			employee plan sick pay				722				
Khanchester GA 72896-8631			14 Other (see enclosed Notice to Employee)			12c					
					•		F 7.4				
						574					
								120	I		
							582				
	yee's address and ZIP cod			_						_	
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 1	Local income tax		20 Locality name	
MA	575-93	3-077	93286.61	9906.52		228800.78	20	668.33		Harris Prairie	
LA	934-27	7-515	93221.06	8479.68		226377.63	27	731.61		Erika Rue	

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

