REISSUED	REISSUED a Employee's social security number			Safe, Accurate,					Visit the IRS Website			
STATEMENT	37	70-60-3930	OMB N	lo. 1545-	8000	FAST! Us	e		le	at www.i	rs.gov/efile.	
b Employer identification number				1	1 Wages, tips, other compensation				2 Federal income tax withheld			
21-9901248					227936.6				31632.18			
c Employer's name, address, and ZIP code				3	3 Social security wages				4 Social security tax withheld			
Martinez PLC Ltd					208773.47				15971.17			
290 Ponce Harbors				5	5 Medicare wages and tips				6 Medicare tax withheld			
Jacobsfurt OH 15836-5287					164393.74				4767.42			
				7 Social security tips				8	8 Allocated tips			
					208773.47				164393.74			
d Control number				9	9 Advance EIC payment			10				
8326528									158			
e Employee's first name and initial Last name				11	11 Nonqualified plans				12a See instructions for box 12			
				164				н 2435				
Aaron 1	Manning			13 Sta		Retirement	Third-party	12b				
33164 Kelsey Fork				em	nployee	plan	sick pay			761		
West Christy IN 69340-4129					Other (see	e enclosed Notice	ce to Employee) 12c		1		
West Chilisty IN 09340 4129									152			
							12d	_				
									E	268		
								-	<u>r</u>	200		
f Employee's address and ZIP co. 15 State Employer's state ID no.		16 State wages, tips, etc.	17 State income tax	ļ	18 Loc	al wages, tips, e	etc. 1	9 Local in	come tax	(20 Locality	name
SD 432-15		108846.49	5986.29			159.73		30681	.23		Pineda	
AL 274-14	1-236	114807.13	9119.38		280	882.06	2	24935	.99		Adkins	Ford

Wage and Tax

Form W-2 Statement

5010

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.

REISSUED a Employee's social security	number		This information is being furnished to the Internal Revenue Service. If you are required							
STATEMENT 370-60	-3930	OMB No	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				ages, tips, other compensation	2 Federal income tax withheld					
21-9901248				227936.6			31632.18			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Martinez PLC Ltd				208773.47			15971.17			
290 Ponce Harbors				5 Medicare wages and tips			6 Medicare tax withheld			
Jacobsfurt OH 15836-5287				164393.74	4767.42					
				ocial security tips	8 Allocated tips					
				208773.47	164393.74					
d Control number				9 Advance EIC payment			10 Dependent care benefits			
8326528							158			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
Aaron Manning				164			н 2435			
				ory Retirement Third-party	12b					
33164 Kelsey Fork				employee plan sick pay			761			
West Christy IN 69340-4129				ther (see enclosed Notice to Employ	/ee)	12c				
							152			
							12d			
						E	E 268			
f Employee's address and ZIP code								•		
		State income tax		10 = 100		Decay income tax		20 Locality name		
SD 432-15-183 1088	46.49 59	86.29		267159.73	9.73 30			Pineda Drive		
AL 274-14-236 1148	07.13 91	19.38		280882.06	24	935.99	Adkins Ford			

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

