	0 / 2 2 3 - 0 1 3	33730.03	2232.23		U + J U + . U J		10002.	<i>)</i>		roames '	A TEMS
NE	672-24-619	35756.09	2292.24		81301.63		8602.	99		James V	Vi ewe
NY	153-67-366	33929.01	1773.29		91122.51		12273	. 52		Nelson	Mews
15 State	, ,,, , , , , , , , , , , , , , , , , ,	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,		19 Local inc		:	20 Locality	name
	oyee's address and ZIP code								•		
									205		
						12d		<u>.                                    </u>			
39401 Mark Ford Apt. 039 East Stephen MT 09123-6017									604		
				<b>14</b> Ot	14 Other (see enclosed Notice to Employee)				I		
				x x x				E	222		
	-			13 Statuto employ		Third-party sick pay	12b		ĺ		
	Jennifer Joyce	<b>a</b>			275			G	3797		
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12			
6554998								204			
d Control number				9 Advance EIC payment			10	10 Dependent care benefits			
					71439.15				5645		
196 Miller Lights Apt. 960  Port Lorimouth CO 79638-5952				7 Social security tips				8 Allocated tips			
				56456.91				1637.25			
				5 Medicare wages and tips							
	Valencia Inc Ltd				71439.15			465			
c Emplo	oyer's name, address, and ZIP code				cial security wages				security tax	withheld	
<b>b</b> Lilipid	81-5754125				73962.45	ensation			7.26	withheid	
	TATEMENT over identification number	530-57-3096	OMBIN		ages, tips, other comp				l income tax	U	
	KLIOOOLD	social security number 530-57-3098	OMPIN	o. 1545-000	Safe, Acc 8 FAST! Us	4138	e~fi	a		RS Websit	-

Wage and Tax

**Statement** Form W-2

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.

	1					•																
NE 672-24	35756.09	2292.24		81301.63		8602.	99		James Vie													
NY 153-67	7-366 33929.01	1773.29		91122.51		12273	. 52		Nelson Me													
5 State Employer's state ID nu	9	17 State income tax		18 Local wages, tips, e		19 Local inc			20 Locality name													
f Employee's address and ZIP coo		1		T					T													
								205														
East Stephen MT 09123-6017						1.24		l														
						12d		1004														
								604														
			14 (	Other (see enclosed Notice	e to Employe	ee) 12c		l														
39401 Mark	Jennifer Joyce 39401 Mark Ford Apt. 039			x x x			E 222															
				tory Retirement byee <u>plan</u>	Third-party sick pay	12b		I														
Jennifer				275  13 Statutory Retirement Third-party			G 3797															
e Employee's first name and initial Last name			11 Nonqualified plans			12a																
d Control number 6554998				7 1439.15 9 Advance EIC payment			56456.91  10 Dependent care benefits 204															
											Port Lorimo	196 Miller Lights Apt. 960  Port Lorimouth CO 79638-5952			56456.91 7 Social security tips				8 Allocated tips			
											196 Miller				5 Medicare wages and tips			5465.09 6 Medicare tax withheld 1637.25				
Valencia Inc Ltd			71439.15																			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld															
81-5754125			73962.45				24397.26															
<b>b</b> Employer identification number				Vages, tips, other compe	nsation	=	2 Federal income tax withheld															
STATEMENT	530-57-3098	OMB N	o. 1545-00	this income is taxa	ble and you f	ail to report it			. ,													
REISSUED a Employee's social security number				to file a tay return					rice. If you are requie imposed on you i													

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

