REISSUED	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Website								
STATEMEN	т 7	15-89-9871	OMB N	o. 1545-0	008 FAST! I	Jse 🐃	E~I	1e	at www.ii	rs.gov/efile.		
b Employer identification number				1 '	1 Wages, tips, other compensation				2 Federal income tax withheld			
88-7320	254			144525.75			. !	50360.95				
c Employer's name, add	c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Martinez-Martinez Group				110486.81			;	8452.24				
1562 Kennedy Falls Apt. 215				5 Medicare wages and tips			6					
				172599.91				5005.4				
Emmaburgh WV 85861-9273				7 Social security tips			8	8 Allocated tips				
				110486.81				172599.91				
d Control number				9 Advance EIC payment 10			10					
7814467									234			
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12				
, _				223				3452				
Howard Brown				13 Statutory Retirement Third-party employee plan sick pay				12b				
1027 Mary Bypass Suite 948				<u> </u>				G 436				
Cardenasstad PA 27260-5954				14 Other (see enclosed Notice to Employee)				12c				
								P	149			
						12d	12d					
								G	716			
f Employee's address a	d ZIP code											
15 State Employer's	tate ID number	16 State wages, tips, etc.	17 State income tax	-	18 Local wages, tip	s, etc.	19 Local in	ncome tax		20 Locality name		
NH 76	4-53-425	67513.69	5694.9		118933.7	3	26266	5.97		Collins Inlet		
VA 72	5-61-649	73685.18	5211.3		129175.3	6	25949	0.64		Patrick View		

Wage and Tax

Form W-2 Statement

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.

	REISSUED	a Employee's socia	al security number			This information is being furnis	shed to	the Inte	rnal Rev	enue Serv	ice. If you are required	
	TATEMENT		L5-89-9871	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 Emplo	yer identification number	Į.			1 \	Vages, tips, other compensation		2 Federal income tax withheld				
88-7320254				144525.75			50360.95					
c Emplo	c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Martinez-Martinez Group				110486.81			8452.24					
1562 Kennedy Falls Apt. 215				5 Medicare wages and tips				6 Medicare tax withheld				
	Emmaburgh WV 85861-9273				172599.91				5005.4			
					7 Social security tips				8 Allocated tips			
				110486.81			172599.91					
d Contro	d Control number				9 Advance EIC payment			10 Dependent care benefits				
	7814467							234				
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
	,			223			3452					
	Howard Brown			13 Statu			12b					
1027 Mary Bypass Suite 948				empl	pyee plan sick pay			G	436			
Cardenasstad PA 27260-5954				14 Other (see enclosed Notice to Employee)			12c		I			
							P	149				
								12d				
									G	716		
f Emplo	oyee's address and ZIP cod	le										
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local inc	ome tax		20 Locality name	
NH	764-53	3-425	67513.69	5694.9		118933.73 26		6266.97			Collins Inlet	
VA	725-61	649	73685.18	5211.3		129175.36	25	949	. 64		Patrick View	

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

