R	REISSUED	a Employee's socia	•			Safe, Acc	urate,		Visit th	e IRS Website		
ST	<b>TATEMENT</b>	50	0-54-2374	OMB N	o. 1545-0	008 FAST! U	se	e of the	at www	v.irs.gov/efile.		
b Employer identification number					1	1 Wages, tips, other compensation			2 Federal income tax withheld			
12-8284505						91774.2			13158.11			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Harris-Trevino LLC						93574.82			7158.47			
40285 Angela Stream Apt. 808					5 Medicare wages and tips			6 1	6 Medicare tax withheld			
_					119195.16				3456.66			
Joshuachester NC 48466-5647					7 Social security tips			8 /	8 Allocated tips			
					93574.82				119195.16			
d Control number					9 Advance EIC payment			10	10 Dependent care benefits			
	3475314								209			
e Employee's first name and initial Last name					11 Nonqualified plans			12a	12a See instructions for box 12			
						242			D 919	3		
	Tommy Duncan					13 Statutory Retirement Third-party employee plan sick pay			1			
75690 Scott Cape				Sick pay				212				
	Greenfurt WV 70091-1103					14 Other (see enclosed Notice to Employee)			i			
Greenfulc WV 70091 1103									G 553			
								12d	L.			
									570			
f Employ	vee's address and ZIP cod	•							370			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,	etc. 1	19 Local inco	me tax	20 Locality name		
MN	734-25	-601	44174.57	5292.05		71304.16	1	L <b>4</b> 850.	24	Barnett Stravenue		
WI	447-05	-707	42387.44	5498.59		83500.41	1	12126.	43	Moore Flat		

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.

REI	SSUED	a Employee's socia	al security number								ice. If you are required	
STAT	<b>STATEMENT</b> 500-54-2374 OMB N				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					1	,			Federal income tax withheld			
12-8284505						91774.2			13158.11			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Harris-Trevino LLC						93574.82			7158.47			
40285 Angela Stream Apt. 808					5	l			6 Medicare tax withheld			
т.						119195.16			3456.66			
100	Joshuachester NC 48466-5647					7 Social security tips			8 Allocated tips			
						93574.82			119195.16			
d Control nur	mber				9	9 Advance EIC payment			10 Dependent care benefits			
34	75314									209		
e Employee's	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
						242			D 9193			
TC	Tommy Duncan				13 Statutory Retirement Third-party employee plan sick pay			12b				
75690 Scott Cape Greenfurt WV 70091-1103				employee plan sick pay				212				
				14	14 Other (see enclosed Notice to Employee)			12c				
								G 553				
								12d	12d			
										570		
										370		
1	s address and ZIP cod Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	<u> </u>	18 Local wages, tips,	etc.	19 Local inc	ome tax		20 Locality name	
MN	, ,		44174.57	5292.05		3, 1.,		14850.24			Barnett Stravenue	
WI	447-05-707		42387.44	5498.59	498.59		83500.41		12126.43		Moore Flat	

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

