REISSUED a Emi	REISSUED a Employee's social security number			Safe, Accurate,				Visit the IRS Website			
STATEMENT	211-33-9615	OMB N	o. 1545-00	008 FAST!	Use	5	Tile)	at www.ii	rs.gov/efile.		
<b>b</b> Employer identification number			1 Wages, tips, other compensation				2 Federal income tax withheld				
04-5938775				215533.74				23582.32			
c Employer's name, address, and ZIP code			3 Social security wages				4 Social security tax withheld				
Rodriguez Ltd LLC			274841.46				21025.37				
056 Miller Grove Apt. 392 Guzmanchester IN 99598-3522			5 Medicare wages and tips				6 Medicare tax withheld				
			188904.54				5478.23				
Guzmanchester in 99598-3522			7 Social security tips				8 Allocated tips				
				274841.46			188904.54				
d Control number			9 Advance EIC payment				10 Dependent care benefits				
6418039							120				
e Employee's first name and initial Last name			11 Nonqualified plans				12a See instructions for box 12				
Debra Brown			172				D 2567				
			13 Statutory Retirement Third-party employee plan sick pay				12b				
2342 Waters Streets Suite 901			X	oyee plan	x sick pay			739			
East Luisport TX 39060-4767			14 (	Other (see enclosed	Notice to Employ	ree)	12c	1			
							830				
							12d				
							н	477			
f Employee's address and ZIP code											
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, t	ips, etc.	19 Lo	cal income ta	(	20 Locality name		
LA 897-74-60	0 118329.12	9531.18		157098.21		245	24586.01		Nicholas Divide		
IL 895-57-25	8 106958.14	12230.5		249684.7	79	268	35.86		Dixon Street		

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.

F	REISSUED	a Employee's socia	al security number		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					
S	TATEMENT	21	L1-33-9615	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>b</b> Emplo	b Employer identification number				Wages, tips, other compensation			2 Federal income tax withheld		
04-5938775				215533.74			23582.32			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Rodriguez Ltd LLC				274841.46			21025.37			
056 Miller Grove Apt. 392				5 Medicare wages and tips			6 Medicare tax withheld			
Guzmanchester IN 99598-3522			188904.54			5478.23				
			7 Social security tips			8 Allocated tips				
				274841.46			188904.54			
d Control number				9 Advance EIC payment			10 Dependent care benefits			
6418039							120			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Debra Brown 2342 Waters Streets Suite 901 East Luisport TX 39060-4767			172			D 2567				
			13 Statutory Retirement Third-party sick pay  X  Other (see enclosed Notice to Employee)			12b				
						12c				
						830				
							12d			
							Н	477		
	oyee's address and ZIP co		Lingui	Language and the same and the s		Lie i i i i				Loo I II
<b>15</b> State			16 State wages, tips, etc.	17 State income tax		10 = 10 m m g = 0, mp = 1, m m m m m m m m m m m m m m m m m m		9 Local income tax		20 Locality name
LA	897-74	4-600	118329.12	9531.18		157098.21	24	586.01		Nicholas Divide
IL	895-5	7-258	106958.14	12230.5		249684.79	26	835.86		Dixon Street

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

