REISSUED a Employee's social sect	•			Safe, Accurate,	90 /6		t the IRS Website		
STATEMENT 727-	13-3827	OMB No	o. 1545-00	008 FAST! Use	G~II	at w	ww.irs.gov/efile.		
b Employer identification number		•	1 V	Vages, tips, other compensation	2	Federal incor	me tax withheld		
66-5322770				104701.25	3	34615.5	55		
c Employer's name, address, and ZIP code			<b>3</b> S	Social security wages	4	Social securi	ty tax withheld		
Soto-Perez LLC				87780.88	(	6715.24	1		
8870 Carey Ranch Suite	012		5 N	Medicare wages and tips	6	Medicare tax			
Matthewston CT 87735-1475				94896.69		2752.0			
Matthewston C1 8773	5-14/5		<b>7</b> S	Social security tips	8	Allocated tips			
				87780.88			896.69		
d Control number			9 A	dvance EIC payment	10	Dependent c			
2563954						13	3		
e Employee's first name and initial Last name			11 N	Ionqualified plans	12a	See instruct	tions for box 12		
			125			E 6953			
Roger Whitehead			13 Statutory Retirement Third-party						
334 Patterson Coves Suite 765			<b>X</b>	pyee plan sick pay		P 50	7		
North Vickie WY 50878-0465			14 Other (see enclosed Notice to Employee)			i			
						34	.9		
					12d				
						93	18		
f Employee's address and ZIP code									
	State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Local in	ncome tax	20 Locality name		
UT 346-00-474 48	3727.14	2250.91		75081.25	11820	.83	William Meadow		
TX 347-99-376 55	5995.99	3309.07		104237.79	19460	.37	Kari Hill		

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.

	EISSUED ATEMENT	a Employee's soci	al security number	OMB N	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						
	er identification number	,,	27 13 3027		this income is taxable and you fail to report it.  1 Wages, tips, other compensation 2 Federal income tax withheld				x withheld		
66-5322770				104701.25			34615.55				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Soto-Perez LLC				87780.88			6715.24				
8870 Carey Ranch Suite 012 Matthewston CT 87735-1475			5 Medicare wages and tips			6 Medicare tax withheld					
			94896.69			2752.0					
			7 Social security tips			8 Allocated tips					
						87780.88			9489		
<b>d</b> Control r					9 A	dvance EIC payment		10 Deper	dent care be	enefits	
	563954								133		
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Roger Whitehead			125			E 6953					
			13 Statu			12b	ı				
334 Patterson Coves Suite 765			employee plan sick pay			P 507					
North Vickie WY 50878-0465			14 (	Other (see enclosed Notice to Employ	ree)	12c	ı				
						349					
								12d	1		
							938				
	ee's address and ZIP cod		Transis is in	1,= 0,		Link is a second	1401			Las I II	
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		ocal income ta		20 Locality name	
UT	346-00	)-4/4	48727.14	2250.91		75081.25	TT	820.83		William Meadow	
ТX	347-99	-376	55995.99	3309.07		104237.79	19	460.37		Kari Hill	

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

