REISSUED a Employee's social security number			Safe	, Accurate,	e <b>n</b>	A HID	Visit the	IRS Website		
STATEMENT 597-86-6354	OMB No	o. 1545-00	008 <b>FAS</b>	Γ! Use	5	file	at www.i	rs.gov/efile.		
<b>b</b> Employer identification number	·	1 V	Vages, tips, other	compensation		2 Federa	al income tax	x withheld		
32-2481932			202671.94				48112.5			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld				
Reynolds-Mcgrath LLC			212499.86				16256.24			
81611 Carolyn Springs Lake Cynthia FL 62455-6449			5 Medicare wages and tips				6 Medicare tax withheld			
			205389.19				5956.29			
			7 Social security tips			8 Allocated tips				
			212499.					89.19		
d Control number		9 A	dvance EIC payn	nent		10 Depen	dent care be	enefits		
4810222							195			
e Employee's first name and initial Last name		11 1	lonqualified plans			12a See in	structions	for box 12		
Eileen Gonzalez			186			2562				
			13 Statutory Retirement Third-party employee plan sick pay			12b				
792 Butler Vista Apt. 034		empi	oyee plan	x sick pay		P	655			
North Rachel DE 19684-3653	3	14 (	Other (see enclose	ed Notice to Employ	/ee)	12c	1			
						P	786			
					-	12d				
						D	470			
f Employee's address and ZIP code					-		470			
15 State Employer's state ID number 16 State wages, tips, etc.	17 State income tax		18 Local wages	, tips, etc.	19 Lo	ocal income ta	x	20 Locality name		
KS 770-41-130 101767.29	9770.77		259096.	73	397	706.15		White Squares		
					1			†		
TN 393-52-619 101192.23	12092.67		257199.	52	233	301.53		White Radial		

Wage and Tax

Form W-2 Statement

5010

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 soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required					
S	TATEMENT	59	97-86-6354	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			
32-2481932			202671.94			48112.5				
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld				
Reynolds-Mcgrath LLC			212499.86			16256.24				
81611 Carolyn Springs				5 Medicare wages and tips			6 Medicare tax withheld			
				205389.19	5956.29					
Lake Cynthia FL 62455-6449				7 Social security tips			8 Allocated tips			
				212499.86			205389.19			
d Control number			9 Advance EIC payment			10 Dependent care benefits				
4810222						195				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Eileen Gonzalez			186			2562				
			13 Statutory Retirement Third-party employee plan sick pay			12b				
792 Butler Vista Apt. 034				x		P	655			
North Rachel DE 19684-3653			14	Other (see enclosed Notice to Employ	ree)	12c				
			!			P	786			
								12d		
								D	470	
	yee's address and ZIP co		T	T.= -		T				T
15 State	Employer's state ID n		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local income tax		20 Locality name
KS	770-41	L-130	101767.29	9770.77		259096.73	39	706.15		White Squares
TN	393-52	2-619	101192.23	12092.67		257199.52	23	301.53		White Radial

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

