REISSUED a Employee's social sec	•			Safe, Accurate,		H	Visit the	RS Website	
STATEMENT 794-	-08-5957	OMB No.	. 1545-00	08 FAST! Use	<b>G</b> ~ I	ile)	at www.ir	s.gov/efile.	
b Employer identification number			1 V	ages, tips, other compensation	2	Federa	I income tax	withheld	
13-8333455			246611.38			54028.15			
c Employer's name, address, and ZIP code			<b>3</b> S	ocial security wages	4	Social	security tax v	vithheld	
Lopez, Harrison and Russo Ltd			255944.02			19579.72			
69066 Crystal Crest Apt. 387			5 Medicare wages and tips			6 Medicare tax withheld			
Charlestown KY 62917-3159				239822.73		6954.86			
Charles cown Ri 62917-3139			7 Social security tips			8 Allocated tips			
				255944.02				22.73	
d Control number			9 A	dvance EIC payment	10	Depen	dent care be	nefits	
8845563							189		
e Employee's first name and initial Last name			11 N	onqualified plans	12a	See in	structions f	or box 12	
Ronald Reyes			203			P 3298			
			13 Statutory Retirement Third-party employee plan sick pay			)	i		
25930 Martinez Gateway			X X			E 840			
Marystad CA 66635-6272			14 0	ther (see enclosed Notice to Employ	ree) 120	:	I		
						E	336		
					120		1		
						D	172		
f Employee's address and ZIP code							I		
15 State Employer's state ID number 16	State wages, tips, etc. 17	State income tax		18 Local wages, tips, etc.	19 Local	income tax	(	20 Locality name	
MT 496-34-376 1:	18363.27 60	653.94		177416.95	2976	3.25		Nicole Trail	
MT 531-98-248 12	20881.03	491.73		201040.87	2872	5.26		Denise Circle	

Wage and Tax
Form W-2 Statement

5070

Cut here. Keep lower portion for your records.

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.

REISS	SUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
STATE	MENT	7	94-08-5957	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 Employer identification number			Wages, tips, other compensation			Federal income tax withheld					
13-8333455					246611.38			54028.15			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Lopez, Harrison and Russo Ltd				255944.02			19579.72				
69066 Crystal Crest Apt. 387			5 Medicare wages and tips			6 Medicare tax withheld					
			239822.73			6954.86					
Charlestown KY 62917-3159				7 Social security tips			8 Allocated tips				
					255944.02			239822.73			
d Control number				9 Advance EIC payment			10 Dependent care benefits				
8845563							189				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Ronald Reyes			203			P 3298					
			13 Statutory Retirement Third-party			12b					
25930 Martinez Gateway			emp <b>X</b>	oyee plan sick pay		E	840				
23930 Marcinez Gateway						12c	040				
Marystad CA 66635-6272			14 Other (see enclosed Notice to Employee)			120	ĺ				
						E 336					
								12d			
								D	172		
f Employee's ad	Idress and ZIP code	е									
15 State Emp	oloyer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax	•	18 Local wages, tips, etc.	19 Lo	cal income tax		20 Locality name	
MT	496-34	-376	118363.27	6653.94		177416.95	297	763.25		Nicole Trail	
мт	531-98	-248	120881.03	7491.73		201040.87	287	725.26		Denise Circle	

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

