F	REISSUED	a Employee's socia	•			Safe, A	ccurate,	1e 1	A HIL		RS Website	
S	TATEMENT	26	51-92-1948	OMB N	No. 1545-0	0008 FAST!	Use	5	≁file	at www.	irs.gov/efile.	
b Employer identification number						1 Wages, tips, other compensation			Federal income tax withheld			
15-2523225						68287.7			16883.83			
c Employer's name, address, and ZIP code					3	3 Social security wages			4 Social security tax withheld			
Gaines, Espinoza and Trevino Inc						58831.28			4500.59			
16683 Davis Flat					5 Medicare wages and tips				6 Medicare tax withheld			
Mogan fromt NE 04264-7272					51411.34				1490.93			
Meganfurt NE 84364-7273					7 Social security tips				8 Allocated tips			
						58831.28			51411.34			
d Control number					9	9 Advance EIC payment			10 Dependent care benefits			
2884423									243			
e Employee's first name and initial Last name					11	11 Nonqualified plans			12a See instructions for box 12			
	Colton Lee 34527 Hill Forge					112			E 7449			
						13 Statutory Retirement Third-party employee plan sick pay						
										162		
	Gillespiefort IL 65024-8181				14 Other (see enclosed Notice to Employee)			yee)	12c			
GIIIespieloit in 03024-0101										556		
								12d				
									P	491		
								ŀ		491		
15 State	yee's address and ZIP cod Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	 	18 Local wages, tip	s, etc.	19 L	_ocal incom	e tax	20 Locality name	
ОН	217-40		31968.89	3473.04		66715.72		93	19.79)	Parker Common	
	21, 30	710		31,3.04				+			rarker common	
NC	827-00	-070	36656.86 2968.61		62237.85		12	857.2	:6	Mccullough Lodge		

Wage and Tax

ax 2010

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.

REISSUED	RFISSIJFD a Employee's social security number This information is being furnished to the Internal Revenue Service. If you are required.										
STATEMENT	26	51-92-1948	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			2 Federal income tax withheld			
15-2523225					68287.7			16883.83			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Gaines, Espinoza and Trevino Inc					58831.28			4500.59			
16683 Davis Flat Meganfurt NE 84364-7273					ledicare wages and tips	6 Medicare tax withheld					
					51411.34	1490.93					
					7 Social security tips			8 Allocated tips			
					58831.28	51411.34					
d Control number	d Control number						10 Dependent care benefits				
2884423	2884423						243				
e Employee's first name and initi	al Last name			11 Nonqualified plans			12a See instructions for box 12				
0-1+	Colton Lee				112			E 7449			
Colton					13 Statutory Retirement Third-party employee plan sick pay			P 162			
34527 Hill Forge				X Sick play			P				
Gillespiefort IL 65024-8181					14 Other (see enclosed Notice to Employee)			12c			
								556			
								12d			
								401			
l				P 491							
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, tips, etc. 19			9 Local income tax 20 Locality name				
	0-918	31968.89	3473.04		3, 1.,		319.79		Parker Common		
217-4	0 910	31900.09	3473.04		00713.72	93	19.19		Parker Common		
NC 827-0	0-070	36656.86	2968.61		62237.85	12	857.26		Mccullough Lodge		

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

