REISSUED 2 E	Employee's social security number		Safe, Accurate, Visit the IRS Website					
STATEMENT	371-46-4718	OMB N	o. 1545-0	008 FAST! Use	5	at v	vww.irs.gov/efile.	
b Employer identification number			1 \	Wages, tips, other compensation		2 Federal inco	me tax withheld	
03-5505600				205920.3		46913.12		
c Employer's name, address, and ZIP code				Social security wages		4 Social security tax withheld		
Castillo-Sanchez and Sons				263013.41		20120.53		
750 Nicole Mountains				Medicare wages and tips		6 Medicare tax withheld		
Florestown NE 06690-7698				245004.31		7105.12		
FIGURES COWID NE 00090-7090			7 Social security tips			8 Allocated tips		
				263013.41			15004.31	
d Control number			9 /	Advance EIC payment	1	10 Dependent of		
5279260						19	94	
e Employee's first name and initial	Last name		11 1	Nonqualified plans	1	12a See instruc	tions for box 12	
Cynthia Briggs			206			3946		
			13 Statutory Retirement Third-party employee plan sick pay			12b		
33934 Patterson Lake Suite 943			- Citip	x x		95	52	
Stevenberg	WV 97520-0544		14 (Other (see enclosed Notice to Employ	ree) 1	12c		
500vciberg #v 57520 0344						17	7.4	
						12d		
							\ <u>0</u>	
					_	20)2	
f Employee's address and ZIP code 15 State Employer's state ID numbe	r 16 State wages, tips, etc.	17 State income tax	<u> </u>	18 Local wages, tips, etc.	10 1 00	cal income tax	20 Locality name	
MO 162-28-5	9	6029.16		250596.42		42.07		
MO 162-28-3	90491.30	0029.10		230390.42	220	42.07	Padilla Ports	
MN 723-37-4	111641.26	6255.57		247726.9	344	18.7	Michael Path	

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.

_	REISSUED	a Employee's soci	al security number 71–46–4718	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					
	VOT Identification number	3	/1-46-4/18	OIVIB IV	this income is taxable and you fail to report it.					
b Employer identification number				1 Wages, tips, other compensation						
03-5505600				205920.3			46913.12			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Castillo-Sanchez and Sons				263013.41			20120.53			
750 Nicole Mountains				5 Medicare wages and tips			6 Medicare tax withheld			
Florestown NE 06690-7698			245004.31			7105.12				
			7 Social security tips			8 Allocated tips				
				263013.41			245004.31			
d Control number			9 Advance EIC payment			10 Dependent care benefits				
5279260							194			
e Emplo	e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12			
Cynthia Briggs			206 13 Statutory Retirement Third-party employee plan sick pay			3946				
33934 Patterson Lake Suite 943				x		95	52			
Stevenberg WV 97520-0544			14 Other (see enclosed Notice to Employee)			12c				
						13	7.4			
								12d	/ 4	
)2		
f Emplo 15 State	yee's address and ZIP cod Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local income tax	20 Locality name	
MO	162-28		96491.36	6029.16		250596.42		042.07		
MO	102-20)-J4J	30431.30	0029.10		230330.42		042.07	Padilla Ports	
MN	723-37	7-476	111641.26	6255.57		247726.9	34	418.7	Michael Path	

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

