REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website					
STATEMENT 637-90-0021	L OMB N	o. 1545-0008	FAST! Use	*E ~file	at www.irs.gov/efile.		
b Employer identification number	·	1 Wages	s, tips, other compensation	2 Feder	al income tax withheld		
98-3270829			3182.63	3146	31465.59		
c Employer's name, address, and ZIP code			security wages	4 Social	4 Social security tax withheld		
Gray, Reyes and Thomas Group			2470.62	2237	22374.0		
10389 Katie Well Apt. 490			are wages and tips	6 Medic			
Hodgesberg CA 88519-7145			6814.07 security tips	0 411	8317.61 8 Allocated tips		
110009055019 011 00015 /110			2470.62	6 Alloca	286814.07		
d Control number			ce EIC payment	10 Deper			
7028722					102		
e Employee's first name and initial Last name			alified plans	12a See ir	12a See instructions for box 12		
77-1- 0-1-			2	G	G 8535		
Kyle Ortiz		13 Statutory employee	Retirement Third-party	y 12b	į		
1881 Coffey Street					687		
Ingramview NY 73334-2806			see enclosed Notice to Emplo	oyee) 12c	i		
					116		
				12d	1		
					442		
f Employee's address and ZIP code	. La ou .	1.0		140	Lea I III		
15 State Employer's state ID number 16 State wages, tips			_ocal wages, tips, etc.	19 Local income ta			
WY 970-44-994 106202.99	9 10582.55	17	3791.57	29796.35	Brenda Route		
KY 400-08-264 108675.7	3 10964.3	22	7323.82	26038.5	Mitchell Fields		

Wage and Tax

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.

REISS	UED a Employee's	social security number		This information is being furnished to the Internal Revenue Service. If you are required														
STATE	MENT	637-90-0021	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												
98-3270829			233182.63			31465.59												
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld												
Gray, Reyes and Thomas Group			292470.62			22374.0												
10389 Katie Well Apt. 490 Hodgesberg CA 88519-7145			5 Medicare wages and tips 286814.07 7 Social security tips			6 Medicare tax withheld 8317.61 8 Allocated tips												
														292470.62			2868	14.07
									d Control number	•			9 /	Advance EIC payment		10 Depend	ent care be	enefits
7028722						102												
e Employee's first name and initial Last name			11 Nonqualified plans 12a See instructions for box 12			or box 12												
Kyle Ortiz			222			G 8535												
			13 Statutory Retirement Third-party			12b												
1881 Coffey Street			emp	oyee plan sick pay			687											
_				No. of the second secon		40:	007											
Ingramview NY 73334-2806			14 (Other (see enclosed Notice to Employ	ree)	12c												
			!			116												
							12d											
						442												
1 . /	dress and ZIP code																	
15 State Empl	loyer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Lo	ocal income tax		20 Locality name									
WY	970-44-994	106202.99	10582.55		173791.57		29796.35		Brenda Route									
KY	400-08-264	108675.73	10964.3		227323.82	260	038.5		Mitchell Fields									

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

