REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website						
S	TATEMENT	711-93-1688	OMB N	lo. 1545-0008	FAST! Use	J	ШЕ	at www.i	rs.gov/efile.	
b Employer identification number				1 Wa	1 Wages, tips, other compensation			Federal income tax withheld		
31-3657935				2	213685.4			24521.6		
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld		
Arellano, Hicks and Wells Inc				192823.56			14751.0			
534 Lawson Locks					licare wages and tips		6 Medicare tax withheld			
Bensonbury NJ 93833-1018					61498.69		7583.46 8 Allocated tips			
				7 Soc	ial security tips					
					192823.56			261498.69		
d Contro	ol number			9 Adv	9 Advance EIC payment			10 Dependent care benefits		
	2739965							260		
e Emplo	oyee's first name and initial Last	name		11 Nor	11 Nonqualified plans			12a See instructions for box 12		
				244			5122			
	Brett Steele			13 Statutory	13 Statutory Retirement Third-party					
4553 Katie Mission Suite 121 Ryanmouth ID 97077-8001				employe	employee plan sick pay Other (see enclosed Notice to Employee)			569		
				14 Oth				303		
				14 001	er (see enclosed Notice to Empi	oyee)	12c	ĺ		
							P	999		
							12d	i		
								999		
f Emplo	oyee's address and ZIP code					İ		1		
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	1	8 Local wages, tips, etc.	19 L	ocal income tax	:	20 Locality name	
HI	990-68-763	112233.98	9983.5	2	257767.35	42	256.06		Cross Estates	
LA	179-99-853	108779.85	6586.44	2	04513.52	23	388.22		Johnson Haven	
Wage and Tax					Department of the TreasuryInternal Revenue Service					
Form W-	Ctotomont		ロー	U	- 5/-5			,		

Statement Form W-2

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	7:	11-93-1688	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 Emplo	b Employer identification number				1 Wages, tips, other compensation			Federal income tax withheld				
31-3657935				213685.4			24521.6					
c Emplo	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Arellano, Hicks and Wells Inc					192823.56			14751.0				
534 Lawson Locks					5 Medicare wages and tips 261498.69			6 Medicare tax withheld 7583.46				
												Bensonbury NJ 93833-1018
					192823.56			261498.69				
d Contro	ol number				9 Advance EIC payment			10 Dependent care benefits				
	2739965							260				
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
	Brett Steele				244 13 Statutory Retirement Third-party			5122				
4553 Katie Mission Suite 121				employee plan sick pay 14 Other (see enclosed Notice to Employee)			D 569					
										Ryanmouth ID 97077-8001		
										P	999	
											12d	
									999			
	yee's address and ZIP coo		140 Olata ana dia anta	17 State income tax		T40 1 1	10	Local income tax		00 1		
15 State	Employer's state ID no		16 State wages, tips, etc.			18 Local wages, tips, etc.	'			20 Locality name		
HI	990-68	3-763	112233.98	9983.5		257767.35	42	256.06		Cross Estates		
LA	179-99	9-853	108779.85	6586.44		204513.52	23	388.22		Johnson Haven		

Wage and Tax

Statement Form W-2 Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

