REISSUED	a Employee's socia	l security number	nber Safe,				ate,			Visit the	IRS Webs	site	
STATEMENT	28	37-12-4732	OMB N	No. 1545-0	800	FAST! Use			l E	at www.i	rs.gov/efil	э.	
<b>b</b> Employer identification number				1	1 Wages, tips, other compensation				2 Federal income tax withheld				
44-1207380					190311.69				69327.35				
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
Morales-Richardson Inc					148460.96				11357.26				
48587 Porter Gateway					5 Medicare wages and tips				6 Medicare tax withheld				
Martinezfort IA 14548-9693				233852.28				6781.72					
Marchieziore in 14546-9695					7 Social security tips				8 Allocated tips				
					148460.96				233852.28				
d Control number				9 Advance EIC payment 10 Dependent care benefits					enefits				
56720										237			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12						
Paul Pakingan					162				D 5722				
Paul Robinson				13 Stat	utory lovee	Retirement plan	Third-party sick pay	12b		1			
10448 Christine Islands				-	x				256				
South Maurice IL 86567-3629					14 Other (see enclosed Notice to Employee)					İ			
									E 811				
								12d		ı			
										944			
f Employee's address and ZIP co		1 -			1								
15 State Employer's state ID n		16 State wages, tips, etc.	17 State income tax			l wages, tips, etc		Local inc			20 Localit	y name	
TX 827-38	3-064	89026.07	5575.43		2447	12.72	32	2011	.39		Kayla	Coves	
MS 016-69	9-617	100479.28	6108.74		1800	30.39	21	1930	. 6		Rivera	Rapids	

Wage and Tax

5070 **Statement** 

Department of the Treasury--Internal Revenue Service

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 socia	I security number			This information is being furnis						
_	TATEMENT	28	37-12-4732	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				1 V	Vages, tips, other compensation		2 Federal income tax withheld					
44-1207380						190311.69		69327.35				
c Employer's name, address, and ZIP code				3 8	ocial security wages		4 Social security tax withheld					
Morales-Richardson Inc					148460.96		11357.26					
48587 Porter Gateway				5 N	ledicare wages and tips		6 Medicare tax withheld					
					233852.28		6781.72					
	Martinezfort IA 14548-9693				7 5	ocial security tips		8 Allocated tips				
						148460.96		233852.28				
d Control number				9 A	dvance EIC payment		10 Dependent care benefits					
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e Employee's first name and initial Last name				11 N	lonqualified plans		12a See instructions for box 12					
Paul Robinson					162		D 5722					
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10448 Christine Islands				X				256				
South Maurice IL 86567-3629					14 (	Other (see enclosed Notice to Employ	ree)	12c				
								E 811				
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	yee's address and ZIP cod		Tro or .	Line		Line is the second	1.0			Lag I III		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		10 10		cal income tax	20 Locality name			
TX	827-38	-064	89026.07	5575.43		244712.72 3		32011.39		Kayla Coves		
MS	016-69	-617	100479.28	6108.74		180030.39	219	30.6		Rivera Rapids		

Wage and Tax

**Statement** Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

