F	REISSUED a Employee's social security number				Safe, Accurate,				Visit the IRS Website			
S	<b>TATEMENT</b>	46	57-21-6319	OMB N	o. 1545-00	008 FAST! Use	G		at www.ir	s.gov/efile.		
b Employer identification number						1 Wages, tips, other compensation			Federal income tax withheld			
57-3962859						111738.04			34004.44			
<b>c</b> Emplo	yer's name, address, and 2	3 Social security wages			4 Social security tax withheld							
Castro-Morgan Ltd						122127.55			9342.76			
915 Ronald Drive					5 Medicare wages and tips			6 Medicare tax withheld				
					123357.01			3577.35				
	Marialand	WI 0	3341-2036		7 Social security tips			8 Allocated tips				
						122127.55			123357.01			
d Control number						9 Advance EIC payment			10 Dependent care benefits			
	6879818							132				
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
	~ ·				186			D 5660				
	Connie Rangel					13 Statutory Retirement Third-party						
26716 Soto Views					employee plan sick pay			G	733			
Cookville WY 93357-2482						14 Other (see enclosed Notice to Employee)			12c			
									122			
								12d				
									571			
f Emplo	vee's address and ZIP cod	0							J/1			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Local in	come tax		20 Locality name		
ID	487-31	-272	57808.24	6913.11		92289.3	21376	5.26		Oconnor Prairie		
OH	310-88	-623	56276.81	4907.03		138071.11	21399	.49		Hunt Corner		

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 social security number				This information is being furnished to the Internal Revenue Service. If you are requi							
<b>STATEMENT</b> 467-21-6319 OMB				MB No. 1545-00	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>b</b> Employer identification number	1 V	Wages, tips, other compensation			Federal income tax withheld						
57-3962859		111738.04			34004.44						
c Employer's name, address, and	<b>3</b> S	3 Social security wages			4 Social security tax withheld						
Castro-More		122127.55			9342.76						
915 Ronald Drive					5 Medicare wages and tips			6 Medicare tax withheld			
Manialand	WT (	12241_2026			123357.01 7 Social security tips			3577.35			
Mariaiand	Marialand WI 03341-2036						8 Allocated tips				
		122127.55			123357.01						
d Control number				9 A	9 Advance EIC payment			10 Dependent care benefits			
6879818								132			
e Employee's first name and initia	Last nam	е		11 N	11 Nonqualified plans			12a See instructions for box 12			
					186			D 5660			
Connie Rangel					13 Statutory Retirement Third-party						
26716 Sot	empio	employee plan sick pay  X  14 Other (see enclosed Notice to Employee)			G 733						
Cookville	14 C				12c						
COOKATITE					122						
					12d						
								1			
								571			
f Employee's address and ZIP co			1								
15 State Employer's state ID r		16 State wages, tips, etc.	17 State income		18 Local wages, tips, etc.		l income tax	<	20 Locality name		
ID 487-3	1-272	57808.24	6913.11		92289.3	2137	6.26		Oconnor Prairie		
он 310-8	8-623	56276.81	4907.03	}	138071.11	2139	9.49		Hunt Corner		

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

