F	REISSUED	a Employee's socia	l security number			Safe,	Accurate,	e D	€H		Visit the	IRS Webs	site	
S	TATEMENT	53	35-14-5562	OMB I	No. 1545-0	0008 FAST	! Use	U		e	at www.i	rs.gov/efile	e.	
b Employer identification number					1	Wages, tips, other compensation				2 Federal income tax withheld				
20-6435910						112552.92				31874.52				
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld					
Aguilar, Grant and Cox PLC					142782.96				10922.9					
1902 Brandon Alley Lake Angela CO 49324-5696					5 Medicare wages and tips				6 Medicare tax withheld					
					103645.1				3005.71					
					7 Social security tips				8 Allocated tips					
					142782.96				103645.1					
d Control number					9 Advance EIC payment				10 Dependent care benefits					
9670861									156					
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12					
Frank Pena 25037 Tara Manor Suite 497 Matthewberg HI 87994-5354					269				P 7052					
					13 Statutory Retirement Third-party sick pay X X X Statutory Plan Sick pay 14 Other (see enclosed Notice to Employee)				12b					
										P	482			
									12c					
										D	955			
									12d					
										P	677			
f Emplo	vee's address and ZIP cod	•								F	677			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	-	18 Local wages	tips, etc.	19 [Local inco	me tax		20 Localit	y name	
IN	780-00	-918	50936.35	4047.37		114931.	87	14	898	06		Erin	Roads	
								1				†		
NM	335-77	-078	53859.44	3532.79		92206.1			2666.35			Timoth	y Park	

Wage and Tax Statement 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.

F	REISSUED	a Employee's soc	al security number	This information is being furnished to the Internal Revenue Service. If you are required											
S	TATEMENT	5	35-14-5562	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 Wages, tips, other compensation					2 Federal income tax withheld					
20-6435910							112552.92				31874.52				
c Employer's name, address, and ZIP code							3 Social security wages				4 Social security tax withheld				
Aguilar, Grant and Cox PLC						142782.96				10922.9					
1902 Brandon Alley					5 Medicare wages and tips 103645.1					6 Medicare tax withheld 3005.71					
Lake Angela CO 49324-5696						7 Social security tips				8 Allocated tips					
							142782.96				103645.1				
d Control number						9 Advance EIC payment				10 Dependent care benefits					
9670861										156					
e Employee's first name and initial Last name						11 Nonqualified plans				12a See instructions for box 12					
Frank Pena					269					P 7052					
					13 Statutory Retirement Third-party					12b					
25037 Tara Manor Suite 497 Matthewberg HI 87994-5354						x X X Sick pay 14 Other (see enclosed Notice to Employee)					P	482			
										12c					
										126					
										D 955					
										12d		1			
											P	677			
f Employee's address and ZIP code									-						
15 State	Employer's state ID no	ımber	16 State wages, tips, etc.	17 State income tax	•	18 Loca	al wages, tips,	etc.	19 L	ocal inc	ome tax	(20 Locality name		
IN	780-00)-918	50936.35	4047.37	114931.87			148	14898.06			Erin Roads			
NM	335-77	7-078	53859.44	3532.79	92206.1		12	12666.35			Timothy Park				

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

