REISSUED a Employee's social security number		Safe, Accurate,					RS Website		
STATEMENT 745-04-1920	OMB N	o. 1545-0008	FAST! Use		- file	at www.	irs.gov/efile.		
b Employer identification number			es, tips, other comper	sation	2 Fed	2 Federal income tax withheld			
55-8951076	5	3420.82		11961.7					
c Employer's name, address, and ZIP code	3 Socia	al security wages		4 Social security tax withheld					
Little, Rodriguez and White Group	5	8117.85		4446.02					
975 Dennis Highway Suite 496 Katherinestad UT 64362-6335			care wages and tips		6 Medicare tax withheld				
			7573.61		1379.63				
natherinestad of 01302 0333	7 Social security tips			8 Allocated tips					
	58117.85  9 Advance EIC payment			47573.61					
d Control number			ance EIC payment		10 Dep	endent care b	penetits		
3548464				236					
e Employee's first name and initial Last name		<b>11</b> None	qualified plans		12a Se	instructions	for box 12		
Wishes I Busses		268			5797				
Michael Brown		13 Statutory employee	Retirement plan	Third-party sick pay	12b	· ·			
51988 Graham Spurs Suite 467			X	SICK PAY	P	596			
Port Mariaville AZ 45860-6952			14 Other (see enclosed Notice to Employee)			1			
						148			
					12d	12d			
					P	716			
f Employee's address and ZIP code									
15StateEmployer's state ID number16State wages, tips, etc.	17 State income tax	18	Local wages, tips, et	c. 1	9 Local income	tax	20 Locality name		
AL 836-01-269 28260.38	2889.2	39981		1.37 7			Patrick Spring		
OR 356-89-649 25825.03	2505.74	6	4669.47	7	7225.33		Kelly Locks		

Wage and Tax Statement

Form W-2

5070

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.

R	EISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if								
ST	TATEMENT	74	45-04-1920	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>b</b> Employ	yer identification number			<u> </u>	1	Wages, tips, other comp	ensation		2 Federal income tax withheld				
55-8951076				53420.82				11961.7					
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld					
Little, Rodriguez and White Group				58117.85				4446.02					
975 Dennis Highway Suite 496				5 Medicare wages and tips 47573.61				6 Medicare tax withheld 1379.63					
Katherinestad UT 64362-6335													
			7 Social security tips				8 Allocated tips						
				58117.85				47573.61					
d Control number				9 Advance EIC payment 10 Dependent care benefits				enefits					
3548464										236			
e Employee's first name and initial Last name			11 Nonqualified plans				12a See instructions for box 12						
Michael Brown 51988 Graham Spurs Suite 467 Port Mariaville AZ 45860-6952			268  13 Statutory Retirement Third-party employee Plan Sick pay  X Statutory Plan Sick pay  14 Other (see enclosed Notice to Employee)				5797 12b P 596						
						ree)	12c						
FOIC MAILAVILLE AZ 45000 0552							G	148					
						F	12d						
								P	716				
f Employ 15 State	yee's address and ZIP co Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,	etc	19 I	ocal inc	ome tax		20 Locality nam	16
AL	836-01		28260.38	2889.2		39981.37	0.0.		33.2			1	
- AL	636-0.	L-209	20200.30	2003.2		33301.37		/4	٠٠.د	23		Patrick Spi	ng
OR	356-89	9-649	25825.03	2505.74		64669.47		72	25.:	33		Kelly Lo	cks

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

