R	REISSUED a Employee's social security number										Visit the	IRS Webs	ite
ST	TATEMENT	69	3-91-1076	OMB N	o. 1545-0	008 <b>F</b>	AST! Use			٤	at www.ii	s.gov/efile	<b>)</b> .
b Employer identification number					1 Wages, tips, other compensation				2 Federal income tax withheld				
04-5244177					58358.85				8320.32				
c Emplo	yer's name, address, and Z	ZIP code			3 Social security wages				4 Social security tax withheld				
Wilson PLC Group					48829.63				3735.47				
0760 Paul Passage					5 Medicare wages and tips				6 Medicare tax withheld				
Herreraville FL 24190-7376				65031.66				1885.92					
				7 Social security tips				8 Allocated tips					
					48829.63				65031.66				
d Control number					9	Advance EIC p	ayment		10	•	ent care be	enefits	
8824218									176				
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12					
				253				E 8918					
Victoria Lopez					13 Statutory Retirement Third-party				12b				
402 Reeves Street Suite 018 East James NH 43498-1055						employee plan sick pay					791		
						14 Other (see enclosed Notice to Employee)							
										E 118			
										12d			
										1			
								-		H	195		
f Emplo	yee's address and ZIP cod Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		10   000  110	ges, tips, etc.	140 i	ocal inco	omo tov		20 Locality	, nomo
			= ' ' '									1	
VT	225-03	-093	31381.76	1989.93		71718	. 33	10	488.	98		Monica	Tunnel
AZ	384-79	-694	29968.97	2376.49		70672	. 84	84	75.4	19		Debra	Fords

Wage and Tax

5070 **Statement** Form W-2

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.

	(LIOOOLD	a Employee's soci	•	OMP N	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									
	STATEMENT 095 91 1070				this income is taxable and you fail to report it.									
b Employer identification number					1		Federal income tax withheld							
04-5244177						58358.85				8320.32				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld				
Wilson PLC Group						48829.63				3735.47				
0760 Paul Passage Herreraville FL 24190-7376						5 Medicare wages and tips 65031.66				6 Medicare tax withheld 1885.92				
						48829.63				65031.66				
						d Control number						9 Advance EIC payment		
	8824218						176							
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12						
Victoria Lopez						253			E 8918					
						13 Statutory Retirement Third-party employee plan sick pay								
402 Reeves Street Suite 018 East James NH 43498-1055					emp		E 791							
					14 Other (see enclosed Notice to Employee)			12c						
						Other (see enclosed Notice to Employ	00)	120	ĺ					
									E 118					
							Ī	12d	1					
									Н	195				
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 Local wages, tips, etc.	19 L	Local inco	me tax		20 Locali	ty name		
VT	225-03	3-093	31381.76	1989.93		71718.33		0488.98			Monica	Tunnel		
AZ	384-79	-694	29968.97	2376.49	70672.84 84		84	475.49			Debra	Fords		

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

