REISSUED a Employee's social security number		Safe, Accurate,		RS Website		
STATEMENT 754-32-3306	OMB No. 1545-0	008 FAST! Use	at www.	irs.gov/efile.		
<b>b</b> Employer identification number	1	Wages, tips, other compensation	2 Federal income to	x withheld		
76-5901145		67447.69	19644.92	19644.92		
c Employer's name, address, and ZIP code	3	Social security wages	4 Social security tax	4 Social security tax withheld		
Santos-Jones Ltd		75304.62	5760.8	5760.8		
9212 Larson Lodge	5	Medicare wages and tips				
South Davidfort MN 31993-4133		84490.08		2450.21		
South Davidioit File 51995-4155	7	Social security tips	·	8 Allocated tips		
		75304.62		0.08		
d Control number	9	Advance EIC payment	10 Dependent care b	enefits		
82818			226			
e Employee's first name and initial Last name	11	Nonqualified plans	12a See instructions	for box 12		
Transita Transita alban		167	9200	9200		
Kevin Harrington		utory Retirement Third-party	12b			
1035 Mary Villages Apt. 800	етр	loyee plan sick pay	749			
New Miranda ID 35615-3458	14	Other (see enclosed Notice to Employ	yee) 12c			
1.0 1.2241.44			D 913			
			12d			
			D 256			
f Employee's address and ZIP code			,			
15 State     Employer's state ID number     16 State wages, tips, etc.     17 State	te income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
NH 288-46-704 35099.97 319	3.93	67256.6	7059.26	Erika Flat		
AL 251-08-072 36438.32 343	3.81	48838.86	9536.59	Day Island		

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.

R	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
ST	<b>FATEMENT</b>	7.	54-32-3306	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> Employer identification number				<ol> <li>Wages, tips, other compensation</li> </ol>			Federal income tax withheld					
76-5901145				67447.69			19644.92					
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld					
Santos-Jones Ltd				75304.62			5760.8					
9212 Larson Lodge South Davidfort MN 31993-4133				5 Medicare wages and tips			6 Medicare tax withheld					
				84490.08			2450.21					
				7 Social security tips			8 Allocated tips					
				75304.62			84490.08					
d Contro	ol number				9 /	Advance EIC payment		10 Depend	lent care be	enefits		
	82818								226			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12						
Kevin Harrington			167			9200						
			13 Statu emp	utory Retirement Third-party loyee plan sick pay		12b	I					
1035 Mary Villages Apt. 800												
New Miranda ID 35615-3458				14 (	Other (see enclosed Notice to Employ	ree)	12c	1				
						D	913					
							-	12d				
								D	256			
f Employ	vee's address and ZIP cod	10					-					
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	ocal income tax		20 Locality	name	
NH	288-46	5-704	35099.97	3193.93		67256.6	70	59.26		Erika	Flat	
AL	251-08	3-072	36438.32	3433.81		48838.86	95	36.59	<b></b>	Day Is	sland	

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

