REISSUED a Employee's social security number	Safe, Accurate, Visit the IRS Website
STATEMENT 832-56-4059	OMB No. 1545-0008 FAST! Use at www.irs.gov/efile.
b Employer identification number	1 Wages, tips, other compensation 2 Federal income tax withheld
57-6103242	83774.91 12310.22
c Employer's name, address, and ZIP code	3 Social security wages 4 Social security tax withheld
Peters, Diaz and Herrera PLC	70618.79 5402.34
29646 Carla Wells	5 Medicare wages and tips 6 Medicare tax withheld
Collinshaven PA 14668-5296	65274.97 1892.97
COIIIISHAVEH FA 14000-3290	7 Social security tips 8 Allocated tips
	70618.79 65274.97
d Control number	9 Advance EIC payment 10 Dependent care benefits
5662557	184
e Employee's first name and initial Last name	11 Nonqualified plans 12a See instructions for box 12
Turn Planker 11	162 5054
Juan Blackwell	13 Statutory Retirement Third-party 12b
759 Hill Harbor Suite 263	mployee plan sick pay E 820
South Susanville TX 75861-9293	14 Other (see enclosed Notice to Employee) 12c
boden bubunville in 75001 9295	P 945
	12d
	P 401
f Employee's address and ZIP code	F 401
15 State Employer's state ID number 16 State wages, tips, etc. 17 State in	ncome tax
MA 139-78-879 42663.16 3209	.41 81063.54 11663.95 Bates Lodge
ID 915-65-441 39171.2 2294	.28 73393.78 13580.93 Dennis Field

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.

F	REISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required										
S	TATEMENT	83	32-56-4059	OMB 1	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				
57-6103242						83774.91					12310.22				
c Employer's name, address, and ZIP code					3 8	3 Social security wages					4 Social security tax withheld				
Peters, Diaz and Herrera PLC						70618.79					5402.34				
29646 Carla Wells Collinshaven PA 14668-5296					5 1	5 Medicare wages and tips					6 Medicare tax withheld				
					65274.97					1892.97					
					7 Social security tips					8 Allocated tips					
					70618.79					65274.97					
d Contro	d Control number					9 Advance EIC payment					10 Dependent care benefits				
5662557												184			
e Employee's first name and initial Last name				11 Nonqualified plans					12a See instructions for box 12						
Juan Blackwell					162				5054						
				13 Statutory Retirement Third-party					12b						
759 Hill Harbor Suite 263				empl	7	X	sick pay			E	820				
759 HIII HAIDOI Suite 205								>	40-	<u> </u>	020				
South Susanville TX 75861-9293					14 (otner (see ei	nciosea ivot	ce to Employ	ee)	12c		1			
											P	945			
										12d		i			
											P	401			
f Emplo	oyee's address and ZIP coo	le							-						
15 State	Employer's state ID nu	ımber	16 State wages, tips, etc.	17 State income tax		18 Local v	wages, tips,	etc.	19 L	ocal inco	ome tax		20 Locality	/ name	
MA	139-78	8-879	42663.16	3209.41		8106	3.54		11	663.	95		Bates	Lodge	
ID	915-65	5-441	39171.2	2294.28		73393	3.78		13	580.	93		Dennis	Field	

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

