F	REISSUED	a Employee's socia	l security number			Sa	afe, Accurate,	(Red)	A HIL	Visit the	e IRS Website		
S	TATEMENT	09	8-38-8358	OME	B No. 1545-0	0008 F	AST! Use		∽file	at www	.irs.gov/efile.		
b Employer identification number					1	1 Wages, tips, other compensation			Federal income tax withheld				
62-1091644						130334.89				15866.28			
c Employer's name, address, and ZIP code					3	3 Social security wages			4 Social security tax withheld				
Carrillo-Campos Inc						116923.2				8944.62			
70044 David Mews					5	l				6 Medicare tax withheld			
	Stuartburgh OH 50644-3013					146275.39				4241.99			
	Stuartburgh	OH.	30044-3013		7	7 Social security tips				8 Allocated tips			
						116923.2			146275.39				
d Contro	ol number				9	9 Advance EIC payment			10 Dependent care benefits				
4905492									181				
e Employee's first name and initial Last name					11	11 Nonqualified plans			12a See instructions for box 12				
	George Moore					131			E 9013				
						13 Statutory Retirement Third-party employee plan sick pay				,			
	03287 Jeffrey Centers Suite 778 Chandlerborough ND 41936-7211					X Since Day 14 Other (see enclosed Notice to Employee)				534			
										i			
Chandlelbolough ND 41930 /211									н	122			
									12d				
										205			
f Employee's address and ZIP code								F		-00			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income to	ax	18 Local wa	ges, tips, etc.	19 L	ocal incom	e tax	20 Locality name		
KS	131-91	629	63637.55	4264.22		16249	6.18	17	033.5	3	Matthew Villages		
ТX	189-66	5-014	70897.56	4349.04		15833	1.73	22	743.9	1	Robert Hills		

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.

Е	REISSUED	a Employee's soci	al security number	This information is being furnished to the Internal Revenue Service. If you are require							
	CLIOGOLD	• •	98-38-8358	OMB	OMP No. 1545 0008 to file a tax return, a negligence penalty or other sanction may be imposed of						
	STATEMENT 098-38-8358 OMB N mployer identification number					this income is taxable and you fail to report it.					
	*				' '	1 Wages, tips, other compensation					
62-1091644						130334.89			15866.28		
c Employer's name, address, and ZIP code					3	3 Social security wages			4 Social security tax withheld		
Carrillo-Campos Inc						116923.2			8944.62		
	70044 David Mews				5	Medicare wages and tips		6 Medicare tax withheld			
	Stuartburgh OH 50644-3013					146275.39		4241.99			
						7 Social security tips			8 Allocated tips		
						116923.2			146275.39		
d Contro	ol number				9 /	9 Advance EIC payment			10 Dependent care benefits		
4905492									181		
e Employee's first name and initial Last name					11	11 Nonqualified plans			12a See instructions for box 12		
	George Moore					131			E 9013		
					13 State	13 Statutory Retirement Third-party			12b		
	03287 Jeffrey Centers Suite 778 Chandlerborough ND 41936-7211					employee plan sick pay X Other (see enclosed Notice to Employee)			534		
									12c		
									122		
							-	12d			
									1		
						ļ			205		
f Employee's address and ZIP code											
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	-	ocal incom		20 Locality name	
KS	131-91	629	63637.55	4264.22		162496.18 1		.7033.53		Matthew Villages	
тx	189-66	5-014	70897.56	4349.04	158331.73		22	2743.91		Robert Hills	

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

