F	REISSUED a Employee's social security number				Safe, Accurate, OMB No. 1545-0008 FASTI Use The property of the part www.irs.go.					IRS Website			
S	TATEMENT	50	4-36-3100	OMB N	o. 1545-0	008 F	AST! Use		7 111	6	at www.i	rs.gov/efile.	
b Employer identification number					1 '	1 Wages, tips, other compensation				Federal income tax withheld			
64-3442897					198447.24				67632.07				
c Emplo	yer's name, address, and Z	IP code			3 Social security wages				4 Social security tax withheld				
Rivera and Sons PLC					193300.29				14787.47				
0386 Davis Trace					5 Medicare wages and tips				6 Medicare tax withheld				
	Petersonview KY 07790-5686					254678.27				7385.67			
						7 Social security tips				8 Allocated tips			
					193300.29				254678.27				
d Control number					9 Advance EIC payment				10 Dependent care benefits				
	2326706								227				
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12					
	James Walker					283				G 3757			
						13 Statutory Retirement Third-party							
69690 Lisa Haven Andrewshire NV 57540-0889					mployee plan sick pay X 14 Other (see enclosed Notice to Employee)					D 472			
									12c				
									-				
									<u> </u>	н 636			
								12d		ĺ			
										H	412		
	yee's address and ZIP cod												
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local w	ages, tips, etc.	19	Local inc	ome tax		20 Locality name	
PA	038-46	-009	91569.47	12296.1		14680	6.65	37	056	. 41		Julie Roads	
HI	002-20	-275	96497.68	12542.26		17960	7.37	35	5119	. 22		Karen Springs	

Wage and Tax

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.

REISSUED	REISSUED a Employee's social security number			This information is being furnished to the Internal Revenue Service. If you are required									
STATEMENT	STATEMENT 504-36-3100 OMB N				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				Federal income tax withheld				
64-3442897					198447.24				67632.07				
c Employer's name, address,	3 8	3 Social security wages				4 Social security tax withheld							
Rivera and Sons PLC					193300.29				14787.47				
0386 Davis Trace					5 Medicare wages and tips				6 Medicare tax withheld				
					254678.27				7385.67				
Petersonv	Petersonview KY 07790-5686					7 Social security tips				8 Allocated tips			
					193300.29				254678.27				
d Control number	d Control number					9 Advance EIC payment			10 Dependent care benefits				
2326706									227				
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12					
7						283				G 3757			
James Walker 69690 Lisa Haven					13 Statutory Retirement Third-party employee plan sick pay								
									472				
Andrewsh	14 0	14 Other (see enclosed Notice to Employee)				12c							
Andrewshire NV 57540-0889									н 636				
									12d				
					н	412							
(Familia de la 1800 de 1870					п	412							
f Employee's address and ZII 15 State Employer's state		16 State wages, tips, etc.	17 State income ta	ax	18 Local wages, tips,	etc.	19 Local inc	ome tax		20 Locality name			
	46-009	91569.47	12296.1		146806.65		37056	. 41		Julie Roads			
			 										
ні 002-	20-275	96497.68	12542.26		179607.37		35119	.22		Karen Springs			

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

