| R | REISSUED a Employee's social security number | | | | Safe, Accurate, OMB No. 1545-0008 FASTI Use At www.irs.gov/efile | | | | | IRS Website | | | |
|---|--|----------|----------------------------|-----------------|---|--|--------|-------------|---------------------------------|-------------|------------------|--|--|
| ST | ATEMENT | 44 | 9-25-7727 | OM | MB No. 1545-00 | 008 FAST! Us | se | | 6 | at www.ii | rs.gov/efile. | | |
| b Employer identification number | | | | | 1 V | 1 Wages, tips, other compensation | | | 2 Federal income tax withheld | | | | |
| 46-8858566 | | | | | | 150063.99 | | | 26552.37 | | | | |
| c Employ | yer's name, address, and 2 | ZIP code | | | 3 8 | 3 Social security wages | | | 4 Social security tax withheld | | | | |
| Juarez, Bruce and Wright Group | | | | | | 139960.98 | | | 10707.01 | | | | |
| 10504 Eric Walks Suite 098 | | | | | 5 N | | | | 6 Medicare tax withheld | | | | |
| Crawfordbury WA 38683-7181 | | | | | | 174484.95 | | | | 5060.06 | | | |
| Clawloldbury WA 30003-7101 | | | | | 7 8 | 7 Social security tips | | | 8 Allocated tips | | | | |
| | | | | | | 139960.98 | | | 174484.95 | | | | |
| d Control number | | | | | 9 A | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | |
| | 9001913 | | | | | | | | 272 | | | | |
| e Employee's first name and initial Last name | | | | | 11 N | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | |
| | | | | | | 119 | | | E 4271 | | | | |
| Daisy Wolfe 896 Patricia Road | | | | | | 13 Statutory Retirement Third-party employee plan sick pay | | | 1 | | | | |
| | | | | | empi | X X | | | н | 516 | | | |
| Lake Tiffanyville CA 74885- | | | | | | 14 Other (see enclosed Notice to Employee) | | | | 12c | | | |
| Hake IIIIanyvIIIe CA /4003 | | | | | | | | | 828 | | | | |
| | | | | | | | | | 12d | | | | |
| | | | | | | | | | н | 906 | | | |
| f Employee's address and ZIP code | | | | | | | | | | | | | |
| 15 State | Employer's state ID nu | mber | 16 State wages, tips, etc. | 17 State income | tax | 18 Local wages, tips, | etc. 1 | 9 Local inc | ome tax | | 20 Locality name | | |
| MN | 975-38 | -964 | 68572.85 | 4603.87 | | 111295.81 | 1 | 6233 | . 02 | | Stacy Islands | | |
| VT | 209-76 | -611 | 68772.14 | 3092.6 | | 129271.26 | 2 | 20058 | . 62 | | Johnson Shoals | | |

Wage and Tax **Statement**

Form W-2

5070

Cut here. Keep lower portion for your records.

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.

| | EISSUED TATEMENT | OMB | 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 this income is taxable and you fail to report it. | | | | | | | | | | |
|---|---|-------|--|--------------------|----|--|------|------|---------------------------------|---------|------------------|--|--|
| | yer identification number | | | | 1 | | | | 2 Federal income tax withheld | | | | |
| | 46-8858566 | | | | | 150063.99 | | | 26552.37 | | | | |
| c Employ | c Employer's name, address, and ZIP code | | | | | 3 Social security wages | | | 4 Social security tax withheld | | | | |
| Juarez, Bruce and Wright Group | | | | | | 139960.98 | | | 10707.01 | | | | |
| 10504 Eric Walks Suite 098 | | | | | 5 | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | | | |
| | Crawfordbury WA 38683-7181 | | | | | 174484.95 | | | | 5060.06 | | | |
| · ' | | | | | | 7 Social security tips | | | 8 Allocated tips | | | | |
| | | | | | | 139960.98 | | | 174484.95 | | | | |
| d Contro | Inumber | | | | 9 | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | |
| | 9001913 | | | | | | | | | 272 | | | |
| e Employ | e Employee's first name and initial Last name | | | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | |
| | Daisy Wolfe 896 Patricia Road | | | | | 119 13 Statutory Retirement Third-party employee plan sick pay | | | | E 4271 | | | |
| | | | | | | X X | | | н 516 | | | | |
| Lake Tiffanyville CA 74885- | | | | | 14 | 14 Other (see enclosed Notice to Employee) | | | | 828 | | | |
| | | | | | | | | | 12d | | | | |
| | | | | | | | | | н | 906 | | | |
| f Employ | vee's address and ZIP coo | de | | | | | | - | | 1 | | | |
| 15 State | Employer's state ID nu | umber | 16 State wages, tips, etc. | 17 State income ta | х | 18 Local wages, tips, | etc. | 19 L | ocal income tax | (| 20 Locality name | | |
| MN | 975-38 | 3-964 | 68572.85 | 4603.87 | | 111295.81 1 | | 16 | 6233.02 | | Stacy Islands | | |
| VT | 209-76 | 5-611 | 68772.14 | 3092.6 | | 129271.26 | | 20 | 058.62 | | Johnson Shoals | | |
| Wage and Tax Department of the TreasuryInternal Revenue Ser | | | | | | | | | al Revenue Service | | | | |

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)

5070

Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

