| REISSUED a Employee's social security number | | Safe, Accurate, Visit the IRS Website | | | | | |
|---|---------------------|---|--------------------------------------|--|--|--|--|
| STATEMENT 618-78-4358 | OMB No. 154 | 5-0008 FAST! Use | at www.irs.gov/efile. | | | | |
| b Employer identification number | 1 | Wages, tips, other compensation | Federal income tax withheld | | | | |
| 40-3674226 | | 125934.1 | 32452.11 | | | | |
| c Employer's name, address, and ZIP code | 3 | Social security wages | 4 Social security tax withheld | | | | |
| Gonzalez-Casey Group | | 153716.26 | 11759.29 | | | | |
| 42070 Murphy Parks Suite 116 | 5 | Medicare wages and tips | 6 Medicare tax withheld | | | | |
| East Kevinside MA 92176-2413 | | 138643.59 | 4020.66 8 Allocated tips | | | | |
| East Revinside MA 921/0-2415 | 7 | | | | | | |
| | | 153716.26 | 138643.59 | | | | |
| d Control number | 9 | 9 Advance EIC payment 10 Dependent care benefits | | | | | |
| 9341545 | | 166 | | | | | |
| e Employee's first name and initial Last name | 11 | Nonqualified plans | 12a See instructions for box 12 | | | | |
| Managar N. Januar | | 193 | 6187 | | | | |
| Tony Adams | | Statutory Retirement Third-party employee plan sick pay | 12b | | | | |
| 06992 Erin Greens Apt. 059 | | employee plan sick pay | 582 | | | | |
| West Janet CA 78025-6681 | 14 | Other (see enclosed Notice to Employe | ne) 12c | | | | |
| Webs sames - 61 76625 6661 | | | 505 | | | | |
| | | | 12d | | | | |
| | | | 290 | | | | |
| f Employee's address and ZIP code | | | 290 | | | | |
| 1 3 | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax 20 Locality name | | | | |
| MO 156-11-179 58575.31 | 5393.08 | 156170.82 | 24921.48 Dawn Park | | | | |
| GA 290-90-027 58128.6 | 6865.09 | 114387.19 | 20232.47 Tasha Square | | | | |

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 soci | • | | 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 | | | | | | | |
|---|---------------------------|-------------------|--|--|--|----------------------------|---------------------------------|-------------------------------|--|----------------------------|------------------------|--|
| S | TATEMENT | 6: | 18-78-4358 | OMB N | OMB No. 1545-0008 to line 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 Emplo | yer identification number | | | | 1 Wages, tips, other compensation | | | 2 Federal income tax withheld | | | | |
| 40-3674226 | | | | 125934.1 | | | 32452.11 | | | | | |
| c Employer's name, address, and ZIP code | | | | 3 Social security wages | | | 4 Social security tax withheld | | | | | |
| Gonzalez-Casey Group | | | | 153716.26 | | | 11759.29 | | | | | |
| 42070 Murphy Parks Suite 116 East Kevinside MA 92176-2413 | | | | 5 Medicare wages and tips 138643.59 | | | 6 Medicare tax withheld 4020.66 | | | | | |
| | | | | | | | | | | | 7 Social security tips | |
| | | | | 153716.26 | | | 138643.59 | | | | | |
| | | | | d Control number | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | |
| 9341545 | | | | | | | 166 | | | | | |
| e Employee's first name and initial Last name | | | 11 Nonqualified plans 12a See instructions for box 1 | | | | for box 12 | | | | | |
| | | | 193 | | | 6187 | | | | | | |
| | Tony Adams | | | | 13 Statutory Retirement Third-party | | | 12b | | | | |
| 06992 Erin Greens Apt. 059 | | | | employee plan sick pay | | | 582 | | | | | |
| West Janet CA 78025-6681 | | | | 14 | Other (see enclosed Notice to Emple | oyee) | 12c | | | | | |
| | | | | | | | 505 | | | | | |
| | | | 12d | | | | | | | | | |
| | | | | | | | 290 | | | | | |
| | oyee's address and ZIP co | | Transis is in | Transition in | | Trans. | 1.0 | <u> </u> | | Tag | | |
| 15 State | Employer's state ID n | | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips, etc. | 1.0 | Local income tax | | 20 Locality | | |
| MO | 156-13 | L-179 | 58575.31 | 5393.08 | | 156170.82 | 24 | 1921.48 | | Dawn | Park | |
| GA | 290-90 | 0-027 | 58128.6 | 6865.09 | | 114387.19 | 20 | 232.47 | | Tasha | Square | |

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

