R	REISSUED	a Employee's socia	l security number			Safe,	Accurate,	190	Ha	Visit the	IRS Website		
ST	<b>FATEMENT</b>	63	32-25-2758	OMB N	o. 1545-0	008 FAST	! Use	G~	file	at www.i	rs.gov/efile.		
<b>b</b> Employer identification number					1	1 Wages, tips, other compensation			Federal income tax withheld				
	63-8718904				133637.15				15676.76				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Salazar-Sullivan Ltd					128438.12				9825.52				
685 Timothy Circle Apt. 533 South Gilbert TX 39092-1710					5 Medicare wages and tips				6 Medicare tax withheld				
					127875.6				3708.39				
					7 Social security tips				8 Allocated tips				
					128438.12				127875.6				
d Control number					9 Advance EIC payment			10	10 Dependent care benefits				
3591981									249				
e Employee's first name and initial Last name					11 Nonqualified plans			12	12a See instructions for box 12				
Carla Martinez 36190 Autumn Points					282				3933				
					13 Statutory Retirement Third-party employee plan sick pay				b				
									D 861				
	Port William NV 99117-3214				14 Other (see enclosed Notice to Employee)				С	1			
TOTO WITHAM NV 99117 3214									н	677			
								12	12d				
									E	421			
f Employ	vee's address and ZIP cod	0						-	- 11	721			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	!	18 Local wages,	tips, etc.	19 Loca	l income ta	х	20 Locality name		
AL	488-01	-645	63635.89	3705.36		130247.	65	1760	7.67		Erin Harbor		
ND	702-45	-827	67397.7	4946.68		144119.	25	1817	6.07		Walker Plains		

Wage and Tax Statement 5010

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.

F	REISSUED		cial security number		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	(	532-25-2758	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.							
<b>b</b> Emplo	<b>b</b> Employer identification number					Wages, tips, other compensation			Federal income tax withheld			
63-8718904					133637.15			15676.76				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Salazar-Sullivan Ltd 685 Timothy Circle Apt. 533					128438.12			9825.52				
					5 Medicare wages and tips			6 Medicare tax withheld				
						127875.6	3708.39					
	South Gilbert TX 39092-1710					7 Social security tips			8 Allocated tips			
					128438.12			127875.6				
d Contro	ol number				9 Advance EIC payment			10 Dependent care benefits				
	3591981								249			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
					282			3933				
	Carla Martinez					13 Statutory Retirement Third-party						
36190 Autumn Points					employee plan sick pay			D	861			
	Port William NV 99117-3214				14	Other (see enclosed Notice to Employ	ree)	12c	i İ			
	1010 H11110M HV 33117 3211								677			
								12d				
								E	421			
	yee's address and ZIP co								•			
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 I	Local income tax		20 Locality name		
AL	488-01	L-645	63635.89	3705.36		130247.65	17	607.67		Erin Harbor		
ND	702-45	5-827	67397.7	4946.68		144119.25	18	176.07		Walker Plains		

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

