REISSUED a Employee's social security number		Safe, Accurate, Visit				
STATEMENT 720-63-8867	OMB No. 1545-0	008 FAST! Use	at www.irs.gov/efile.			
b Employer identification number	1	Wages, tips, other compensation	Federal income tax withheld			
11-1584645		88740.98	12471.66			
c Employer's name, address, and ZIP code	3	Social security wages	4 Social security tax withheld			
Donovan, Ortega and Bell Ltd		81726.15	6252.05			
5104 Robert Neck Apt. 114	5	Medicare wages and tips	6 Medicare tax withheld			
North Jennifer CT 12372-9671		92102.71	2670.98			
North beimiter Ci 123/2-90/1	7	Social security tips	8 Allocated tips			
		81726.15	92102.71			
d Control number	9	Advance EIC payment	10 Dependent care benefits			
1591927			239			
e Employee's first name and initial Last name	11	Nonqualified plans	12a See instructions for box 12			
Andrew Contreras		147	D 3731			
Andrew Contreras	13 State	utory Retirement Third-party loyee plan sick pay	/ 12b			
26132 Jason Throughway	епр	No yee plan Sick pay	G 231			
Port Donna VA 76370-1832	14	Other (see enclosed Notice to Employ	oyee) 12c			
			G 521			
			12d			
			E 199			
f Employee's address and ZIP code						
15 State Employer's state ID number 16 State wages, tips, etc. 17 State	te income tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name			
WI 765-91-474 42963.7 201	8.51	90663.77	10492.96 Christopher Ridg			
WI 628-77-162 40688.42 244	7.86	108312.36	16745.51 Miller Via			

Wage and Tax Statement

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.

R	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required								
	TATEMENT	7:	20-63-8867	OMB N	OMB 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 2								
11-1584645				88740.98			12471.66						
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld						
Donovan, Ortega and Bell Ltd				81726.15			6252.05						
5104 Robert Neck Apt. 114					5 Medicare wages and tips 92102.71			6 Medicare tax withheld 2670.98					
North Jennifer CT 12372-9671													
				7 Social security tips			8 Allocated tips						
					81726.15			92102.71					
d Control number				9	9 Advance EIC payment			10 Dependent care benefits					
1591927							239						
e Employee's first name and initial Last name			11	11 Nonqualified plans 12a See instructions for box 1			for box 12						
			147			D 3731							
Andrew Contreras 26132 Jason Throughway				13 Stat			12b	1					
				employee plan sick pay X 14 Other (see enclosed Notice to Employee)			C	3 231					
Port Donna VA 76370-1832							12c	1					
FOIC Bollia VA 76370-1632							,	521					
							12d	3 321					
									1				
								E 199					
	yee's address and ZIP coo												
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			
WI	765-91	474	42963.7	2018.51		90663.77	10	492.	96	Christopher Ridge			
WI	628-77	-162	40688.42	2447.86		108312.36	16	745.	51	Miller Via			

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

