| REISSUED a Employee's social security number | | | | | Safe, Accurate, | | | | Visit the IRS Website | | |
|--|---------------------------|---------|----------------------------|--|-----------------|--|------------------|--------------------|---------------------------------|------------------|--|
| S | TATEMENT | 7: | 17-11-4246 | 0 | MB No. 1545-0 | 008 FAST! U | se | erfile. | at www. | irs.gov/efile. | |
| b Employer identification number | | | | | | 1 Wages, tips, other compensation | | | 2 Federal income tax withheld | | |
| 24-7080310 | | | | | | 51215.53 | | | 9558.37 | | |
| c Employer's name, address, and ZIP code | | | | | | 3 Social security wages | | | 4 Social security tax withheld | | |
| Vasquez-Pace Ltd | | | | | | 63839.56 | | | 4883.73 | | |
| 3295 Barber Glens | | | | | | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | |
| | | | | | | 37704.29 | | | 1093.42 | | |
| South Georgetown MN 58457-1641 | | | | | | 7 Social security tips | | | 8 Allocated tips | | |
| | | | | | | 63839.56 | | | 37704.29 | | |
| d Control number | | | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | |
| 4128295 | | | | | | | | 206 | | | |
| e Employee's first name and initial Last name | | | | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | |
| | 371 -1 - 1 | **- 1 L | | | | 154 | | | 2326 | | |
| Nicholas Walters | | | | | | 13 Statutory Retirement Third-party employee plan sick pay | | | 1 | | |
| 79809 Price Estates Apt. 594 West Andrewchester NE 43679- | | | | | | loyee pian | | 149 | | | |
| | | | | | | Other (see enclosed No | tice to Employee | e) 12c | 1 | | |
| | | | | | | | | G | 410 | | |
| | | | | | | | | | 12d | | |
| | | | | | | | | | 535 | | |
| f Emplo | yee's address and ZIP cod | ۵ | | | | | | | 333 | | |
| 15 State | Employer's state ID nu | | 16 State wages, tips, etc. | 17 State incom | ie tax | 18 Local wages, tips | etc. 1 | 19 Local income to | ax | 20 Locality name | |
| NJ | 461-67 | -553 | 27690.21 | 2082.03 | 3 | 47279.22 51 | | 153.0 | | Hawkins Corners | |
| CT | 340-17 | -155 | 25406.7 | 3041.72 | 2 | 49824.01 91 | | 9196.63 | | Robert Circles | |
| | Wage a | and Tax | 1 (| Department of the TreasuryInternal Revenue Service | | | | | | | |
| Form W- | Ctatam | | | ⊂∪. | 山山 | | | | | | |

Statement Form W-2 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.

| DEIOGUED | a Employacia accia | I constitut number | | | This information is boin | a furniched t | to the Internal Pou | ionuo Soni | co. If you are required | | | | | | | | | | | |
|--|--------------------|-------------------------|--------------|------|--|---------------|---------------------|---------------------------------|-------------------------|--|---------------------------------|-------|----------------------------|-----------------|-----|----------------------------|----|------------------|-----|------------------|
| REISSUED a Employee's social security number STATEMENT 717-11-4246 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 | | | | | | | | | | | | | | | |
| STATEMENT | 71 | and you fail to | o report it. | | | | | | | | | | | | | | | | | |
| b Employer identification number | | | | | Wages, tips, other compensation | | | Federal income tax withheld | | | | | | | | | | | | |
| 24-7080310 | | | | | 51215.53 | | | 9558.37 | | | | | | | | | | | | |
| c Employer's name, address, and | 3 8 | 3 Social security wages | | | 4 Social security tax withheld | | | | | | | | | | | | | | | |
| Vasquez-Pace Ltd | | | | | 63839.56 | | | 4883.73 | | | | | | | | | | | | |
| 3295 Barbe | 5 N | l | | | 6 Medicare tax withheld | | | | | | | | | | | | | | | |
| South Coom | | 37704.29 | | | 1093.42 | | | | | | | | | | | | | | | |
| South Georgetown MN 58457-1641 | | | | | 7 Social security tips | | | 8 Allocated tips | | | | | | | | | | | | |
| | | | | | 63839.56 | | | 37704.29 | | | | | | | | | | | | |
| d Control number | | | | 9 A | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | | | | | | | | | |
| 4128295 | | | | | | | | 206 | | | | | | | | | | | | |
| e Employee's first name and initia | Last name | | | 11 N | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | | | | | | | | | |
| | | | | | | 154 | | | 2326 | | | | | | | | | | | |
| Nicholas Walters 79809 Price Estates Apt. 594 West Andrewchester NE 43679- | | | | | 13 Statutory Retirement Third-party sick pay X 14 Other (see enclosed Notice to Employee) | | | 12b 149 12c G 410 | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | 12d | I | |
| | | | | | | | | | | | | | | | | | | | 535 | |
| | | | | | | | | | | | f Employee's address and ZIP co | | | | | | | | | |
| | | | | | | | | | | | 15 State Employer's state ID n | umber | 16 State wages, tips, etc. | 17 State income | tax | 18 Local wages, tips, etc. | 19 | Local income tax | | 20 Locality name |
| NJ 461-6 | 7-553 | 27690.21 | 2082.03 | | 47279.22 | 51 | 153.0 | | Hawkins Corners | | | | | | | | | | | |
| CT 340-1 | 7-155 | 25406.7 | 3041.72 | | 49824.01 | 91 | 196.63 | | Robert Circles | | | | | | | | | | | |

Wage and Tax

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



Department of the Treasury--Internal Revenue Service

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