R	REISSUED a Employee's social security number				Safe, Accurate, OMB No. 1545-0008 FASTI Use at www.irs.gov/efile.					IRS Website		
ST	FATEMENT	48	37-16-6479	OMB N	o. 1545-0	008 FAST! U	Jse	G~I		at www.i	rs.gov/efile.	
b Employer identification number					1 '	1 Wages, tips, other compensation			Federal income tax withheld			
84-1450808						169288.96			59916.85			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Contreras Group PLC						150319.5			11499.44			
15148 Chavez Street Apt. 203					5 Medicare wages and tips				6 Medicare tax withheld			
Holthaven RI 19992-9021					140062.26				4061.81			
					7 Social security tips			8	7 modatod upo			
					150319.5				140062.26			
d Contro	ol number				9 Advance EIC payment			10	10 Dependent care benefits			
	9305507								160			
e Employee's first name and initial Last name					11 Nonqualified plans			12a	12a See instructions for box 12			
					215				н 4404			
	Valerie Evans					13 Statutory Retirement Third-party employee plan sick pay				1		
031 Smith Knoll South Patrick MO 50398-2430					X Other (see enclosed Notice to Employee)				293			
									12c			
									833			
								12d	12d			
									E	390		
f Employ	yee's address and ZIP cod	е								l.		
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tip	s, etc.	19 Local in	come tax	(20 Locality name	
UT	027-08	-394	78408.6	3826.8		160260.1	L	19306	.47		Kristina Field	
MD	713-78	-650	85526.34	3678.48		192013.3	3	20570	. 65		Luis Spring	

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 social security number				This information is being furnished to the Internal Revenue Service. If you are required							
ST	STATEMENT 487-16-6479 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 Federal income tax withheld			
84-1450808						169288.96			59916.85			
c Employer's name, address, and ZIP code					3 8	3 Social security wages			4 Social security tax withheld			
Contreras Group PLC						150319.5			11499.44			
15148 Chavez Street Apt. 203						5 Medicare wages and tips			6 Medicare tax withheld			
Holthaven RI 19992-9021						140062.26			4061.81			
					7 5	7 Social security tips			8 Allocated tips			
						150319.5			140062.26			
d Control number					9 /	9 Advance EIC payment			10 Dependent care benefits			
9305507										160		
e Employ	yee's first name and initial	Last nam	е		11 1	11 Nonqualified plans			12a See instructions for box 12			
						215			н 4404			
	Valerie Evans					13 Statutory Retirement Third-party employee plan Sick pay X Statutory Retirement Third-party sick pay X Other (see enclosed Notice to Employee)			b			
031 Smith Knoll South Patrick MO 50398-2430									293			
					14 (12c			
									833			
									12d			
									E	200		
l								-	<u>r</u>	390		
f Employ	yee's address and ZIP cod Employer's state ID nu		16 State wages, tips, etc.	17 State income to	av	18 Local wages, tips,	etc	19 Local	income ta	,	20 Locality name	
UT		027-08-394 78408.6 3826.8			3.7, 1.7			6.47	,			
UT	027-00-334				100200.11			0.4/	Kristina Field			
MD	713-78-650 85526.34 3678.48				192013.33		2057	0.65	Luis Spring			

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

