F	REISSUED	a Employee's socia	•			Sa	ife, Accurate,	20 A	JZ#I		Visit the	IRS Websit	e
S	TATEMENT	25	50-30-4973	OMB N	o. 1545-	0008 FA	ST! Use	U	7 111	e	at www.i	rs.gov/efile.	
b Employer identification number					1	1 Wages, tips, other compensation			2 Federal income tax withheld				
14-0510680						237164.82				62575.69			
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Fields-Poole PLC					233459.4				17859.64				
162 Gonzales Drives Lake Vanessaberg OK 36974-4374					5 Medicare wages and tips				6 Medicare tax withheld				
					214435.37				6218.63				
					7 Social security tips				8 Allocated tips				
					233459.4			214435.37					
	ol number				9 Advance EIC payment 10 Dependent care benefits					enefits			
7808944											295		
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
					293				4478				
	Kelly Sanchez					13 Statutory Retirement Third-party employee plan sick pay					i		
5479 Robert Court Suite 050						X SON PAY				н 756			
Jaredmouth IN 39431-9249					14 Other (see enclosed Notice to Employee)				12c				
									265				
										12d			
										P	869		
4 F	ovee's address and ZIP cod	_								P	009		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wa	ges, tips, etc.	19	Local inc	ome tax		20 Locality	name
RI	532-09	-763	117991.66	5327.16		28516	7.81	47	311	. 58		Daniel	Path
			 	<u> </u>				+				†	
CT	017-66	-296	118631.7	3628.42		18495	0.89	29	837	84		Michae	l Dam

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.

F	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
S	TATEMENT	2.	50-30-4973	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 Federal income tax withheld			
14-0510680						237164.82	62575.69					
c Employer's name, address, and ZIP code						Social security wages	4 Social security tax withheld					
Fields-Poole PLC 162 Gonzales Drives Lake Vanessaberg OK 36974-4374					233459.4				17859.64			
					5	Medicare wages and tips	6 Medicare tax withheld 6218.63					
						214435.37						
					7 Social security tips				8 Allocated tips			
						233459.4	214435.37					
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	7808944					29!	5					
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
	Kelly Sanchez					293	4478					
						tutory Retirement Third-p	12b					
5479 Robert Court Suite 050					employee plan sick pay			н 756				
	Jaredmouth IN 39431-9249					14 Other (see enclosed Notice to Employee)			12c			
									120			
								265				
								12d	i			
									P 869			
f Emplo	yee's address and ZIP cod	le							ı			
15 State	Employer's state ID no	ımber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local incor	ne tax	20 Locality name		
RI	532-09	763	117991.66	5327.16		285167.81	4	7311.	58	Daniel Path		
СТ	017-66	5-296	118631.7	3628.42		184950.89	29	9837.	84	Michael Dam		

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

