REISSUED	REISSUED a Employee's social security number			Safe, Accurate,				Visit the IRS Website			
STATEMENT	60	00-60-2004	OMB N	o. 1545-00	008 FAST! Us	se 🔍		at v	www.irs.gov/efile.		
b Employer identification number				1 \	Vages, tips, other comp	ensation	2	2 Federal income tax withheld			
57-0129869					133999.19		24	24346.85			
c Employer's name, address, and ZIP code				3 5	Social security wages		4 3	4 Social security tax withheld			
Soto-Wade and Sons				143709.93			10	10993.81			
81837 Munoz Square Apt. 747				5 Medicare wages and tips			6 1				
				140805.44				4083.36			
Port Davidstad HI 60864-1840				7 5	Social security tips		8 /				
				143709.93				140805.44			
d Control number				9 Advance EIC payment			10 i				
8606007								223			
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12			
				257				G 9165			
Catherine Jensen			13 Statutory Retirement Third-party employee plan sick pay			12b					
5339 Eric Summit Suite 791				empi	oyee plan	sick pay		90	66		
Maryhaven OH 91703-3552					Other (see enclosed Not	ice to Employee	e) 12c	ı			
								D 39	395		
			12d				12d				
								18	32		
f Employee's address and ZIP		T .	T		T				1		
15 State Employer's state I		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,		19 Local inco		20 Locality name		
VT 285-	06-158	65546.41	4733.38		94027.49		15335.	28	Ashley Row		
ID 043-	20-318	69332.67	4562.38		115108.55	1	L <b>4</b> 705.	42	Tanya Street		

Wage and Tax

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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	60	00-60-2004	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>b</b> Emplo	b Employer identification number				1 Wages, tips, other compensation			2 Federal income tax withheld			
57-0129869				133999.19			24346.85				
<b>c</b> Emplo	c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Soto-Wade and Sons				143709.93			10993.81				
81837 Munoz Square Apt. 747					5 Medicare wages and tips			6 Medicare tax withheld			
	Port Davidstad HI 60864-1840				140805 . 44  7 Social security tips			4083.36 8 Allocated tips			
					143709.93			140805.44			
<b>d</b> Contro	d Control number				9 Advance EIC payment			10 Dependent care benefits			
	8606007									223	
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Catherine Jensen 5339 Eric Summit Suite 791				257  13 Statutory Retirement Third-party			G 9165				
				employee plan sick pay			120		966		
	Maryhaven OH 91703-3552				14	Other (see enclosed Notice to Employ	ree)	12c	ı		
									D	395	
							12d				
							182				
f Employee's address and ZIP code  15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax					18 Local wages, tips, etc.	140 1				20 Locality name	
			9 . , .			10 =====g==,p=, ===		9 Local income tax			,
VT	285-06	0-128	65546.41	4733.38		94027.49 15		15335.28		Ashley Row	
ID	043-20	0-318	69332.67	4562.38		115108.55		4705.42			Tanya Street

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

