REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website						
STATEMENT 316-89-9604	OMB No	o. 1545-000	8 FAST! Use		≁file)	at www.irs.gov/efile.		
b Employer identification number		1 Wa	ages, tips, other compensation		2 Federa	I income tax withheld		
37-9998407			80563.94			13592.95		
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld		
Cox-Martinez Group			98723.28			7552.33		
126 Derek Gardens Rodriguezville NC 52634-9168			5 Medicare wages and tips			6 Medicare tax withheld		
			75548.18	2190.9				
			7 Social security tips			8 Allocated tips		
			98723.28			75548.18		
d Control number		9 Ad	vance EIC payment		10 Depend	dent care benefits		
5178060						174		
e Employee's first name and initial Last name		11 No	nqualified plans		12a See in:	structions for box 12		
_			222			P 7395		
Mr. Shane		13 Statuto			12b	i		
50256 Christopher Fort Apt. 508 Pettyville NC 26769-7002			employee plan sick pay 14 Other (see enclosed Notice to Employee)			591		
rectyville NC 20709-7002					н	248		
					12d	230		
						500		
					H	728		
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc.	17 State income tax	<u> </u>	18 Local wages, tips, etc.	10	Local income tax	20 Locality name		
		g,						
IA 089-63-236 39901.71	1336.43		95775.09	04	149.IJ	Carrillo Pines		
wv 985-20-603 37722.74	1535.57		85241.3	13	3052.32	Karen Curve		

Wage and Tax

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 socia	al security number		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						
	TATEMENT	31	L6-89-9604	OMB N	this income is taxable and you fail to report it.						
b Emplo	oyer identification number				1 Wages, tips, other compensation			Federal income tax withheld			
37-9998407			80563.94			13592.95					
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld					
Cox-Martinez Group			98723.28			7552.33					
126 Derek Gardens Rodriguezville NC 52634-9168			5 Medicare wages and tips 75548.18			6 Medicare tax withheld 2190.9					
									7 Social security tips		
			98723.28			75548.18					
			d Contro	ol number				9 /	Advance EIC payment		10 De
	5178060								174		
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Mr. Shane 50256 Christopher Fort Apt. 508			222 13 Statutory Retirement Third-party employee plan sick pay			P 7395					
JUZJU CHIISCOPHEI FOIC APC. JUU					\	12c	331				
Pettyville NC 26769-7002				14 (Other (see enclosed Notice to Employ	ee)	12C	ı			
			!			F	248				
							Ī	12d			
						F	728	728			
	oyee's address and ZIP cod								•	_	
15 State	, .,		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	_ocal incom	e tax	20 Locality name	
IA	089-63	3-236	39901.71	1336.43		95775.09	84	49.13	3	Carrillo Pines	
WV	985-20	-603	37722.74	1535.57		85241.3		13052.32		Karen Curve	

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

