REISSUED a Employee's social	•			Safe, Accurate,	250	<b>H</b>	Visit the I	RS Website		
STATEMENT 50	4-83-9590	OMB N	o. 1545-00	DO8 FAST! Use		file	at www.ir	s.gov/efile.		
<b>b</b> Employer identification number		·	1 V	Wages, tips, other compensation	2	2 Federa	I income tax	withheld		
48-7738532				78313.32			18438.38			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Brock Group Ltd				84179.27			6439.71			
61460 Kim Hollow				Medicare wages and tips	(	6 Medicare tax withheld				
Hayesstad LA 70888-7543				93746.33		2718.64				
Hayesstad LA 70888-7543			7 Social security tips			8 Allocated tips				
	84179.27			93746.33						
d Control number				9 Advance EIC payment			10 Dependent care benefits			
9349787							252			
e Employee's first name and initial Last name		•	11 N	Nonqualified plans	1:	2a See in	structions f	or box 12		
m: 66 17-1				278		H	1031			
Tiffany Velez			13 Statutory Retirement Third-party employee plan sick pay			2b	i			
159 Hale Vista			empi	oyee plan sick pay		D	813			
Mariaburgh CA 80301-0887				14 Other (see enclosed Notice to Employee)			1			
						D	374			
					1:	2d				
							936			
f Employee's address and ZIP code					-					
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	l .	18 Local wages, tips, etc.	19 Loca	al income ta	(	20 Locality name		
IN 306-64-464	39526.02	2469.3	95128.85 13586.88			Torres Field				
CT 047-76-070	42786.81	2897.42		90133.39	1358	33.61		Holt Square		

Wage and Tax

Form W-2 Statement

5010

Department of the Treasury--Internal Revenue Service

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.

REI	SSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
STAT	TEMENT	50	04-83-9590	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> Employer io	ployer identification number				1 Wages, tips, other compensation			2 Federal income tax withheld			
48-7738532				78313.32			18438.38				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Brock Group Ltd				84179.27			6439.71				
61460 Kim Hollow			5 Medicare wages and tips			Medicare tax withheld					
Hayesstad LA 70888-7543			93746.33			2718.64					
			7 Social security tips			8 Allocated tips					
				84179.27			93746.33				
d Control nur	mber				9 /	dvance EIC payment		10 Depend	lent care be	enefits	
93	349787								252		
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Tiffany Velez 159 Hale Vista Mariaburgh CA 80301-0887			278			н 1031					
			13 Statutory Retirement Third-party employee Plan Sick pay  X  14 Other (see enclosed Notice to Employee)			12b					
						D 813					
									14 (	other (see enclosed Notice to Employ	ee)
						D 374					
											12d
									936		
f Employee's	s address and ZIP code	е					İ		l		
15 State E	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	ocal income tax		20 Locality name	
IN	306-64	-464	39526.02	2469.3		95128.85	13	586.88		Torres Field	
СТ	047-76	-070	42786.81	2897.42		90133.39	13	583.61		Holt Square	

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

