REISSUED a Employe	e's social security number				Accurate,	SO VE			IRS Website		
STATEMENT	028-03-9015	OMB N	o. 1545-000	08 FAS	Γ! Use			at www.ii	rs.gov/efile.		
b Employer identification number			1 Wages, tips, other compensation				2 Federal income tax withheld				
83-3055186				210274.31				32848.06			
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld			
Rogers-Ortega Group				225032.38				17214.98			
830 Paula Hill Apt. 342			5 Medicare wages and tips				6 Medicare tax withheld				
North Josephburgh IN 58230-3064				191794.37				5562.04			
Not the bosephburgh in 30230-3004				7 Social security tips				8 Allocated tips			
	225032.38				191794.37						
d Control number			9 Ad	dvance EIC payn	nent	10	Depend	dent care be	enefits		
2494122								239			
e Employee's first name and initial Last name			11 Nonqualified plans			12a	12a See instructions for box 12				
Michael Smith			226				D 9734				
			13 Statutory Retirement Third-party employee plan sick pay								
1683 Judith Turnpike Suite 375				yee plan	sick pay		D	711			
East James IA 14940-7422				14 Other (see enclosed Notice to Employee)				1			
111 14340 /422								812			
							12d				
							н	847			
f Employee's address and ZIP code								017			
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages	, tips, etc.	19 Local in	come tax	:	20 Locality name		
TX 513-41-932	99503.19	5189.05		254769.	89	36894	.77		Kyle Point		
WA 210-70-203	97674.79	6423.55		175432.	92	32823	. 61		Jones Isle		

Wage and Tax

Statement Form W-2

5070

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.

F	REISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
S	TATEMENT	02	28-03-9015	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 \	Vages, tips, other compensation		Federal income tax withheld				
83-3055186				210274.31			32848.06				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Rogers-Ortega Group				225032.38			17214.98				
830 Paula Hill Apt. 342					5 N	Medicare wages and tips	6 Medicare tax withheld 5562.04 8 Allocated tips				
North Josephburgh IN 58230-3064					191794.37						
				7 5	Social security tips						
					225032.38	191794.37					
d Control number				9 Advance EIC payment			10 Dependent care benefits				
2494122							239				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
			226			D 9734					
Michael Smith			13 Statutory Retirement Third-party employee plan sick pay			12b					
1683 Judith Turnpike Suite 375						D	711				
	-				14 Other (see enclosed Notice to Employee)			12c			
East James IA 14940-7422					,						
						812					
								12d	I		
								H	847		
	yee's address and ZIP cod										
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local income tax		20 Locality name	
TX	513-41	932	99503.19	5189.05		254769.89	36	894.77		Kyle Point	
WA	210-70	-203	97674.79	6423.55		175432.92		823.61	Jones Isle		

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

