REISSUED a Em	nployee's social security number			Safe, Accura	te,		Visit the IRS Website		
STATEMENT	667-07-2990	OMB No	o. 1545-00	08 FAST! Use		≁file >	at www.irs.gov/efile.		
b Employer identification number			1 V	ages, tips, other compensation	ation	2 Federal	l income tax withheld		
94-3877764				209523.38			21178.92		
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld		
Reese-Soto and Sons				170794.31			13065.76		
32625 Gutierrez Turnpike			5 Medicare wages and tips			6 Medicare tax withheld			
Donnamouth WI 37582-1360			260938.88			7567.23			
Donnamouth WI 3/362-1360			7 Social security tips			8 Allocated tips			
				170794.31			260938.88		
d Control number			9 Advance EIC payment			10 Dependent care benefits			
4522697						270			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12			
Teresa Juarez			295			н 4547			
			13 Statutory Retirement Third-party			12b			
5160 Kenneth Curve Suite 977			employee plan sick pay			D	D 856		
Jenniferfurt AR 05639-6359			14 C	other (see enclosed Notice to	o Employee)	12c			
Demilierurt AR 03039-0339							679		
						12d			
							l		
							475		
f Employee's address and ZIP code	Tree 2	1			1		1		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	-	Local income tax	20 Locality name		
WY 783-30-03	33 112304.61	6542.4		235200.15	26	603.37	Tucker Circles		
AR 555-36-02	100460.39	8358.61		160170.3	38	3010.87	Sherri Pine		

Wage and Tax

Form W-2 Statement

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 soci	•		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	60	67-07-2990	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.						
b Emplo	yer identification number				1 Wages, tips, other compensation			Federal income tax withheld			
94-3877764				209523.38			21178.92				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Reese-Soto and Sons				170794.31			13065.76				
32625 Gutierrez Turnpike				5 Medicare wages and tips			6 Medicare tax withheld				
Donnamouth WI 37582-1360			260938.88			7567.23					
			7 Social security tips			8 Allocated tips					
				170794.31			260938.88				
d Contro	d Control number				9 Advance EIC payment			10 Dependent care benefits			
4522697							270				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Teresa Juarez			295			н 4547					
			13 Statutory Retirement Third-party employee plan sick pay			12b					
5160 Kenneth Curve Suite 977			D 856								
	Jenniferfurt AR 05639-6359			14 (Other (see enclosed Notice to Employ	ree)	12c	1			
							679				
							Ī	12d			
							475				
	yee's address and ZIP coo		T	T.=		1				T	
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		ocal income tax		20 Locality name	
WY	783-30	0-033	112304.61	6542.4		235200.15	26	603.37		Tucker Circles	
AR	555-36	5-021	100460.39	8358.61		160170.3	38	010.87		Sherri Pine	

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

