REISS	UED a Employee	's social security number			Safe, Acc	urate,			IRS Webs	site	
STATE	MENT	754-13-0313	OMB N	o. 1545-0	008 FAST! Us	se		at www.	irs.gov/efile	Э.	
b Employer identification number				1 Wages, tips, other compensation			2 Fe	Federal income tax withheld			
47-2	501149			215637.85			57!	57596.05			
c Employer's nam	ne, address, and ZIP code			3 Social security wages			4 So	4 Social security tax withheld			
Brown, Wright and Rodriguez LLC				212027.58			162	16220.11			
57715 Stephanie Vista				5 Medicare wages and tips			6 Me				
Port Susanberg ID 85824-0771					180897.66		5246.03				
Fort Susamberg ID 65624-0771				7 Social security tips			8 Alle				
					212027.58				97.66		
d Control number				9 Advance EIC payment			10 De	10 Dependent care benefits			
7809	422							123			
e Employee's first name and initial Last name				11 Nonqualified plans			12a Se	12a See instructions for box 12			
Benjamin Mclaughlin				208			P	P 6126			
				13 Statutory Retirement Third-party employee plan sick pay			12b				
1396 Jackson Vista					employee pian Sick pay			564			
Michelleland ND 46658-9494					14 Other (see enclosed Notice to Employee)			1			
								124			
				!			12d	12d			
								799			
f Employee's add	Iress and ZIP code							1,33			
	oyer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,	etc.	19 Local incom	e tax	20 Localit	y name	
MD	558-03-826	107822.86	4582.49		203202.44		22165.5	8	Paul	Isle	
UT	473-76-156	114566.88	3518.49		196533.77	2	25230.1	.5	Velez M	ountains	

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	75	54-13-0313	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 Emplo	b Employer identification number					1 Wages, tips, other compensation			2 Federal income tax withheld									
47-2501149					215637.85			57596.05										
c Emplo	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld									
Brown, Wright and Rodriguez LLC					212027.58			16220.11										
57715 Stephanie Vista Port Susanberg ID 85824-0771					5 Medicare wages and tips 180897.66 7 Social security tips			6 Medicare tax withheld 5246.03 8 Allocated tips										
												212027.58			180897.66			
												d Control number				9 Advance EIC payment		
						7809422								123				
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12										
Benjamin Mclaughlin 1396 Jackson Vista Michelleland ND 46658-9494				208 13 Statutory Retirement Third-party employee plan sick pay			P 6126											
				14	Other (see enclosed Notice to Emplo	yee)	12c	I										
								124										
							12d	7										
							799											
f Emplo 15 State	eyee's address and ZIP cod Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	10	Local income tax		20 Locali	tv name							
			107822.86	4582.49		· · · · · · · · · · · · · · · · · · ·		22165.58		Paul Isle								
MD	558-03	0-020	10/022.00	4382.49	203202.44 2		22	22103.30		Paul	тате							
UT	473-76	5-156	114566.88	3518.49	196533.77 2		25	25230.15		Velez Mountains								

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

