REISSUED	a Employee's socia	•		Safe, Accurate,				.∠GH		Visit the	IRS Websit	е
STATEMENT	71	.2-91-0316	OMB N	lo. 1545-0	008 <b>FAS</b>	T! Use		7 111	e	at www.i	rs.gov/efile.	
b Employer identification number				1 \	1 Wages, tips, other compensation			2 Federal income tax withheld				
37-8327981					64813.97				7577.09			
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld				
Deleon-Cooper LLC					55682.15				4259.68			
153 Gonzalez Centers				5 Medicare wages and tips				6 Medicare tax withheld				
South Ryanbury OK 35785-7309				77801.6				2256.25				
				7 Social security tips				8 Allocated tips				
				55682.15				77801.6				
d Control number				9 Advance EIC payment 10 Dependent care benefits						enefits		
4465324										258		
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12				
Seth Valdez				117				G 1474				
					13 Statutory Retirement Third-party employee plan sick pay					i		
51361 Brent Plaza				X	7 - 7	X				302		
Jeremystad HI 52070-6263				14 Other (see enclosed Notice to Employee)			yee)	12c				
beremystad iii 32070 0203								728				
								12d				
									E	381		
f Employee's address and ZIP co	do.								E	201		
15 State Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wage	s, tips, etc.	19 L	ocal inco	ome tax	:	20 Locality	name
WI 361-87	7-912	33676.6	2633.16		64852.26 1		11	L1893.38			Schultz	Cape
RI 147-36	5-863	30935.45	2454.7	83069.43		10	10397.01			Reynolds	Loop	

Wage and Tax

**Statement** Form W-2 Copy B--To Be Filed with Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service.

5070

Cut here. Keep lower portion for your records.

REISSUED	a Employee's socia	al security number			This information is being furnis								
STATEMENT	73	12-91-0316	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 Wages, tips, other compensation				2 Federal income tax withheld					
37-8327981				64813.97				7577.09					
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
Deleon-Cooper LLC				55682.15				4259.68					
153 Gonzalez Centers				5 Medicare wages and tips				6 Medicare tax withheld					
				77801.6				2256.25					
South Ryanbury OK 35785-7309					7 Social security tips				8 Allocated tips				
					55682.15				77801.6				
d Control number				9 Advance EIC payment				10 Dependent care benefits					
4465324									258				
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12					
				117				G 1474					
Seth Valdez					13 Statutory Retirement Third-party employee plan sick pay								
51361 Brent Plaza					pyee plan sick pay				302				
Jeremystad HI 52070-6263					14 Other (see enclosed Notice to Employee)				12c				
Jeremyseda III 32070 0203									728				
								12d					
								E	381				
f Employee's address and ZIP co	ide					ŀ							
15 State Employer's state ID r		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	ocal inc	ome tax		20 Locality	name		
WI 361-8	7-912	33676.6	2633.16		64852.26	11	893	. 38		Schultz	Cape		
RI 147-3	6-863	30935.45	2454.7		83069.43	10	397	.01		Reynolds	s Loop		

Wage and Tax

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



Department of the Treasury--Internal Revenue Service

Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

