R	REISSUED	a Employee's socia	I security number			5	Safe, Accurate,	(RG)	€H		Visit the	IRS Website	
ST	TATEMENT	60	2-42-9257	OMB	No. 1545-00	008 F	AST! Use		√fi	ظ	at www.ii	rs.gov/efile.	
b Employer identification number					1 \	1 Wages, tips, other compensation				Federal income tax withheld			
03-5489277						160443.08				53751.89			
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Perez-Woods LLC						185204.97				14168.18			
865 Sara Springs Apt. 759 Larsonhaven UT 98682-3415					5 N					6 Medicare tax withheld			
						124578.32				3612.77			
	Larsonnaven	. 01 90	002-2412		7 5	7 Social security tips				8 Allocated tips			
						185204.97				124578.32			
d Control number					9 /	9 Advance EIC payment			10 Dependent care benefits				
22116									126				
e Employee's first name and initial Last name					11 1	11 Nonqualified plans			12a See instructions for box 12				
Carol Dunn						197			3345				
						13 Statutory Retirement Third-party employee plan sick pay							
32286 Joseph Square						X Sion pay			345				
Lake Robinchester AR 59030-8085						14 Other (see enclosed Notice to Employee)				12c			
East Robinomed Ser Tax 33030 5003										136			
										12d			
										D	806		
f Employee's address and ZIP code											•		
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income ta	ıx	18 Local wages, tips, etc.		19 i	9 Local income tax		:	20 Locality name	
MT	111-60	-578	75040.75	3149.41		17880	6.68	16	453	. 96		David Springs	
ні	749-19	-339	77588.28	3104.46		17590	3.46	24	063	. 72		Eaton Extension	

Wage and Tax Statement 5070

Department of the Treasury--Internal Revenue Service

Form W-2 Statement
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.

R	REISSUED	a Employee's socia	•		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							
	STATEMENT 002 42 3237				No. 1545-0008 this income is taxable and you fail to report it.							
b Employ	yer identification number				1 \	Wages, tips, other compensation	Federal income tax withheld					
03-5489277						160443.08	53751.89					
c Employer's name, address, and ZIP code					3 3	3 Social security wages			4 Social security tax withheld			
Perez-Woods LLC						185204.97			14168.18			
865 Sara Springs Apt. 759 Larsonhaven UT 98682-3415					5 1	Medicare wages and tips	6 Medicare tax withheld 3612.77					
						124578.32						
					7 5	Social security tips	8 Allocated tips					
						185204.97	124578.32					
d Control number					9 Advance EIC payment			10 Dependent care benefits				
	22116								126			
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12				
						197	3345					
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Carol Dunn					13 Statutory Retirement Third-party employee plan sick pay			1			
32286 Joseph Square Lake Robinchester AR 59030-8085					employee plan sick pay			345				
					14 (Other (see enclosed Notice to Employ	12c					
								136				
								12d				
								D 806				
f Employee's address and ZIP code												
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		3.7,7,7		Local income tax	20 Locality name			
MT	111-60)-578	75040.75	3149.41		178806.68		6453.96		David Springs		
HI	749-19	-339	77588.28	3104.46		175903.46	24	063.72		Eaton Extension		

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

