REISSUE	REISSUED a Employee's social security number			Safe, Accurate,					Visit the IRS Website				
STATEMEN	NT 7	14-12-3696	OMB N	o. 1545-0	0008 FAST! U	se 🔍		e	at www.ir	s.gov/efile.			
b Employer identification number				1	1 Wages, tips, other compensation				2 Federal income tax withheld				
62-671	2608			158456.44				18382.47					
c Employer's name, ad	c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Perez-Romero PLC					201601.84				15422.54				
189 Burns Turnpike Suite 556					5 Medicare wages and tips				6 Medicare tax withheld				
-					193065.9				5598.91				
Millerstad DC 96689-9887					7 Social security tips			8 Allocated tips					
				201601.84				193065.9					
d Control number					9 Advance EIC payment 10				Dependent care benefits				
7484066									292				
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12					
Erin Lee				260				6412					
				13 Statutory Retirement Third-party employee plan sick pay					1				
04561 Debra Wall					bloyee plan	sick pay		н	553				
New Alison VT 10467-1009					14 Other (see enclosed Notice to Employee)								
New Allson VI 10467-1009								E 494					
			12d										
							120	ĺ					
									573				
f Employee's address a					•								
	state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips	,	19 Local inc	ome tax		20 Locality name			
IA 3	48-12-169	83053.49	8324.74		138352.51		30701	. 45		Parker Point			
OR 6	37-16-407	80523.57	8799.78		170197.88	:	21174	. 85		John Prairie			

Wage and Tax

Form W-2 Statement

5010

Cut here. Keep lower portion for your records.

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.

REIS	SUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
STAT	EMENT	7:	14-12-3696	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				
62-6712608					158456.44				18382.47			
c Employer's n	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Perez-Romero PLC					201601.84				15422.54			
189 Burns Turnpike Suite 556 Millerstad DC 96689-9887					5 Medicare wages and tips				6 Medicare tax withheld			
					193065.9				5598.91			
					7 Social security tips				8 Allocated tips			
					201601.84				193065.9			
d Control number					9 Advance EIC payment				10 Dependent care benefits			
748	7484066								292			
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12			
Erin Lee					260				6412			
					13 Statutory Retirement Third-party employee Plan Sick pay X Statutory Retirement Third-party sick pay 14 Other (see enclosed Notice to Employee)				12b	·		
04561 Debra Wall New Alison VT 10467-1009								н 553				
				ee)				12c				
								E	494			
							-	12d				
								573				
f Employee's address and ZIP code												
	nployer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wag	• •		ocal income tax		20 Locality name	
IA	348-12	2-169	83053.49	8324.74	138352.51 3		307	30701.45		Parker Point		
OR	637-16	5-407	80523.57	8799.78	170197.88 23		211	L74.85	John Prairie			

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

