Wage and Tax Statement						Department of the TreasuryInternal Revenue Service						
NV	013-72	-109	76972.03	3955.92		133019.25	2	29755.75		Leah Mountains		
IL	396-81	446	76401.16	4607.51		192333.74	3	33235.97		Joseph Roads		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income	tax	18 Local wages, tips,	etc.	9 Local income ta	х	20 Locality name		
f Emplo	oyee's address and ZIP cod	ie						12d	772			
Leestad MA 09785-3605					14 0	uner (see enclosed Not	се со Етпрюуее	e) 12c				
428 Shelby Skyway Suite 967					emple X				408			
Miss Renee						234			P 8485			
e Employee's first name and initial Last name					11 N	11 Nonqualified plans			12a See instructions for box 12			
d Control number 9336336					9 4	Advance EIC payment			138			
I Control of the					9 A	183511.94 9 Advance EIC payment			167933.7 10 Dependent care benefits			
Brownstad ME 62070-5261					7 8				8 Allocated tips			
						167933.7			4870.08			
925 Garcia Shoals Suite 399					5 N				6 Medicare tax withheld			
c Employer's name, address, and ZIP code Cardenas-Mora PLC						183511.94			14038.66			
72-1124214					3 8	169607.87 3 Social security wages			23663.05 4 Social security tax withheld			
b Employer identification number					1 V	1 Wages, tips, other compensation			2 Federal income tax withheld			
	TATEMENT	72	28-45-6155	OM	IB No. 1545-00					rs.gov/efile.		
F	REISSUED	a Employee's soci	•			Safe, Acc	THE A	?~file		IRS Website		

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.

Cut here. Keep lower portion for your records.

F	REISSUED	a Employee's soci	al security number		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							
S	TATEMENT	7.	28-45-6155	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			
72-1124214					169607.87				23663.05			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Cardenas-Mora PLC						183511.94			14038.66			
925 Garcia Shoals Suite 399 Brownstad ME 62070-5261					5 Medicare wages and tips				6 Medicare tax withheld			
					167933.7				4870.08			
					7 Social security tips				8 Allocated tips			
					183511.94				167933.7			
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	9336336								138			
e Emplo	yee's first name and initial	Last nam	е		11 Nonqualified plans				12a See instructions for box 12			
	Miss Renee 428 Shelby Skyway Suite 967					234			P 8485			
						13 Statutory Retirement Third-party			12b			
						employee plan sick pay			D	408		
					14 Other (see enclosed Notice to Employee)			yee)	12c			
	Leestad MA 09785-3605					1				233		
								ļ	12d			
									12 u	1		
									772			
	yee's address and ZIP co		140 01-1	147 0000 0000		140 1		140.1			Loo Language	
15 State	Employer's state ID n		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,	etc.		ocal income ta	(20 Locality name	
IL	396-83	L-446	76401.16	4607.51		192333.74		33	235.97		Joseph Roads	
NV	013-72	2-109	76972.03	3955.92		133019.25		29	755.75		Leah Mountains	

Wage and Tax

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



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

