REISSUED a Employe	ee's social security number			Safe, Accurate,	e a	HIO	Visit the IRS W	/ebsite		
STATEMENT	071-69-0235	OMB N	o. 1545-0	008 FAST! Use	U	*file	at www.irs.gov	/efile.		
b Employer identification number				Wages, tips, other compensation		2 Federal income tax withheld				
42-7293124				96739.99			28596.9			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Gonzalez PLC Inc				94573.55			7234.88			
64891 Anna Landing			5 Medicare wages and tips			6 Medicare tax withheld				
			115740.34			3356.47				
Terrellstad UT 29317-5757			7 Social security tips			8 Allocated tips				
				94573.55			115740.34			
d Control number			9 Advance EIC payment			10 Dependent care benefits				
3115746						269				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Tahu Tahun			103			5644				
John Lozano			13 Statu	utory Retirement Third-party loyee plan sick pay		12b	i			
0662 Curtis Coves			Citip	x Surpey			664			
Gentryton SC 09983-0487			14 (	Other (see enclosed Notice to Emplo	yee)	12c	i I			
						н	241			
						12d				
						G	118			
f Employee's address and ZIP code							110			
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 I	ocal income tax	20 Le	ocality name		
OK 789-50-311	51090.24	4681.29	76637.23 1		13	005.18	Free	man Plains		
CO 464-47-432	47604.96	3457.25		97772.94	14	013.47	Gre	gory Lock		

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.

R	EISSUED	a Employee's soci	ial security number		This information is being furnished to the Internal Revenue Service. If you are required					
	ATEMENT	0	71-69-0235	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>b</b> Employe	er identification number	I.		JI.	1 Wages, tips, other compensation 2 Federal income tax				withheld	
42-7293124				96739.99			28596.9			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Gonzalez PLC Inc				94573.55			7234.88			
64891 Anna Landing				5 Medicare wages and tips			6 Medicare tax withheld			
Terrellstad UT 29317-5757			115740.34			3356.47				
			7 Social security tips			8 Allocated tips				
				94573.55			115740.34			
d Control number			9 Advance EIC payment			10 Dependent care benefits				
3115746							269			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
John Lozano			103			5644				
			13 State	tory Retirement Third-party		12b				
0662 Curtis Coves				emp	pyee plan sick pay			664		
Gentryton SC 09983-0487			14 (	Other (see enclosed Notice to Employ	ree)	12c				
				sale. (See elisiosea rease te Elispie)	,00,					
			!			н 241				
								12d	ı	
						G 118				
	ee's address and ZIP cod	le								
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 I	Local income tax	(	20 Locality name
OK	789-50	-311	51090.24	4681.29		76637.23		L3005.18		Freeman Plains
со	464-47	-432	47604.96	3457.25		97772.94	14	013.47		Gregory Lock

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

