REISSUED a Employee's social security number	Safe, Accurate, Visit the IRS Website				
STATEMENT 148-27-5028	OMB No. 1545-0008 FAST! Use at www.irs.gov/e	file.			
b Employer identification number	1 Wages, tips, other compensation 2 Federal income tax withheld				
03-7979627	189547.9 28538.94	28538.94			
c Employer's name, address, and ZIP code	3 Social security wages 4 Social security tax withheld	4 Social security tax withheld			
Flores-Mclean PLC	206238.91 15777.28	15777.28			
2097 Swanson Run	5 Medicare wages and tips 6 Medicare tax withheld	6 Medicare tax withheld			
	168649.94 4890.85	4890.85			
Lisafurt DC 46822-3677	7 Social security tips 8 Allocated tips	8 Allocated tips			
	206238.91 168649.9	4			
d Control number	9 Advance EIC payment 10 Dependent care benefits	10 Dependent care benefits			
4326015	100	100			
e Employee's first name and initial Last name	11 Nonqualified plans 12a See instructions for box 1	12a See instructions for box 12			
_	230 D 2651	D 2651			
Diana Meza	13 Statutory Retirement Third-party 12b				
86435 Abbott Garden	employee plan sick pay G 150				
	14 Other (see enclosed Notice to Employee) 12c				
New Terriview KY 04164-4320					
	P 418				
	12d				
	G 213				
f Employee's address and ZIP code					
15 State Employer's state ID number 16 State wages, tips, etc. 17 State	come tax 18 Local wages, tips, etc. 19 Local income tax 20 Loc	ality name			
KY 263-98-824 94630.26 7342	31 143425.44 34457.48 Jorge	Junctions			
AR 221-06-301 101455.28 7988	03 138661.67 37771.46 Crai	g Ports			

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.

REISSUED	a Employee's soc	ial security number		This information is being furnished to the Internal Revenue Service. If you are required						
STATEMENT	1	48-27-5028	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 num	ber		<u>.</u>	1 Wages, tips, other compensation			Federal income tax withheld			
03-7979627			189547.9			28538.94				
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld				
Flores-Mclean PLC			206238.91			15777.28				
2097 Swanson Run			5 Medicare wages and tips			6 Medicare tax withheld				
Lisafurt DC 46822-3677		168649.94 7 Social security tips			4890.85 8 Allocated tips					
d Control number			9 Advance EIC payment			10 Dependent care benefits				
4326015	4326015						100			
e Employee's first name and	nitial Last nan	ne		11 Nonqualified plans			12a See instructions for box 12			
D :	34				230		D	2651		
Diana Meza			13 Statu		у	12b	i			
86435 Abbott Garden			empi	employee plan sick pay			150			
New Terriview KY 04164-4320			14 (Other (see enclosed Notice to Emple	oyee)	12c	1			
100 101111100 111 01101 1510					P	418				
							12d			
							G	213		
f Employee's address and ZI								•		
15 State Employer's state		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local income tax		20 Locality name	
KY 263-	98-824	94630.26	7342.31		143425.44	34	1457.48		Jorge Junctions	
AR 221-	06-301	101455.28	7988.03		138661.67	37	7771.46		Craig Ports	

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

