R	EISSUED	a Employee's socia	al security number			Safe	, Accurate,	e C	A HID	Visit the	IRS Website	
ST	ATEMENT	01	L7-67-0003	OMB N	lo. 1545-	0008 FAS	T! Use	G	file	at www.	irs.gov/efile.	
b Employer identification number						1 Wages, tips, other compensation			Federal income tax withheld			
51-0836225						228912.99			50510.68			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Palmer-Daniels Group						248913.94			19041.92			
81976 Calvin Isle Suite 807					5				6 Medicare tax withheld			
					186763.42				5416.14			
Emilymouth SD 91191-5443					7	7 Social security tips			8 Allocated tips			
						248913.94			186763.42			
d Control number						9 Advance EIC payment			10 Dependent care benefits			
7	7474009								278			
e Employee's first name and initial Last name						11 Nonqualified plans			12a See instructions for box 12			
Robert Cervantes						168			P 1062			
_	Robert Cervantes					13 Statutory Retirement Third-party employee plan sick pay			12b	i		
597 Valdez Prairie					x x				н 229			
]	Lake Trevor UT 98112-6535					14 Other (see enclosed Notice to Employee)			12c			
									E	798		
								F	12d			
										800		
f Employee's address and ZIP code												
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wage		1	ocal income		20 Locality name	
LA	427-21	-544	106536.64	14345.51		165433.48 3		388	8817.06		Aguilar Corners	
UT	054-61	-061	115553.29	12479.95		177934	. 81	28	749.9	5	Loretta Divide	

Wage and Tax
Form W-2 Statement

5070

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.

REISSUED	a Employee's soci	This information is being furnished to the Internal Revenue Service. If you are required									
STATEMENT	to file a tax return, a negligence penalty or other sanction may be imposed on you								e imposed on you if		
b Employer identification number					Wages, tips, other compensation			2 Federal income tax withheld			
51-0836225					228912.99			50510.68			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Palmer-Daniels Group					248913.94			19041.92			
81976 Calvin Isle Suite 807 Emilymouth SD 91191-5443					5 Medicare wages and tips			6 Medicare tax withheld			
					186763.42		5416.14 8 Allocated tips				
					Social security tips						
					248913.94			186763.42			
d Control number					9 Advance EIC payment			10 Dependent care benefits			
7474009							278				
e Employee's first name and initi	al Last nam	е		11 Nonqualified plans			12a See instructions for box 12				
_					168			P 1062			
Robert Cervantes				13 Statutory Retirement Third-party			I2b				
597 Valdez Prairie					employee plan sick pay			229			
Toles Messe	ke Trevor UT 98112-6535				14 Other (see enclosed Notice to Employee)			12c			
Lake Trev	Lake Trevor UT 98112-6535						E 798				
								12d			
						'	12u				
								800			
f Employee's address and ZIP code					Train	1.0.			Lag I II		
15 State Employer's state ID		16 State wages, tips, etc.	17 State income tax		1.0 2000		al income tax	20 Locality name			
LA 427-2	1-544	106536.64	14345.51	165433.48 3		388	8817.06		Aguilar Corners		
UT 054-6	1-061	115553.29	12479.95		177934.81	287	49.95		Loretta Divide		

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

