F	REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website								
S	TATEMENT	23	34-39-2622	OMB N	o. 1545-	0008 F	AST! Use	<i>G</i>	IIIE	at www.	rs.gov/efile		
b Employer identification number					1	1 Wages, tips, other compensation			2 Federal income tax withheld				
13-9943186						197773.12				32910.51			
c Emplo	yer's name, address, and Z	ZIP code			3 Social security wages				4 Social security tax withheld				
Sparks-Rivera Ltd					241644.75				18485.82				
4195 Ramos Green					5 Medicare wages and tips				6 Medicare tax withheld				
	Tonyashire CT 39574-1103					187114.09				5426.31			
						7 Social security tips				8 Allocated tips			
					241644.75				187114.09				
d Control number					9 Advance EIC payment			1	10 Dependent care benefits				
1445987									300				
e Employee's first name and initial Last name					11 Nonqualified plans			1	12a See instructions for box 12				
					187				G 1923				
	Kimberly Miller					13 Statutory Retirement Third-party							
262 Brett Overpass Bassland OK 68585-0283					employee plan sick pay 14 Other (see enclosed Notice to Employee)					733			
									12c	1			
					1				P 460				
									12d				
									_	200			
									E	390			
f Emplo 15 State	yee's address and ZIP cod- Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wa	ges, tips, etc.	19 Loc	al income ta	ıx	20 Locality	name	
NJ	368-13		108348.24	3989.31		14716			64.63		Tyler		
		303	100010.24	3303.31		11710	* • * *	1233	01.00		Tyrer	wau	
TN	988-22	-001	91749.35	3536.52		19227	5.77	264	29.24		Scott	Pass	

Wage and Tax

Form W-2 **Statement**Copy B--To Be Filed with Employee's FEDERAL Tax Return

5070

Department of the Treasury--Internal Revenue Service

This information is being furnished to the Internal Revenue Service.

Cut here. Keep lower portion for your records.

R	REISSUED a Employee's social security number					This information is being furnished to the Internal Revenue Service. If you are required							
ST	TATEMENT	23	34-39-2622	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.						ı you ii		
b Employ	b Employer identification number					1 Wages, tips, other compensation			Federal income tax withheld				
13-9943186						197773.12			32910.51				
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld				
Sparks-Rivera Ltd						241644.75			18485.82				
4195 Ramos Green Tonyashire CT 39574-1103					5	Medicare wages and tips	6 Medicare tax withheld						
						187114.09	5426.31						
					7 Social security tips			8 Allocated tips					
						241644.75			187114.09				
d Control number					9 Advance EIC payment			10 Dependent care benefits					
	1445987							300					
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans 12a See instructions for box							
					187			G 1923					
	Kimberly Miller				13 Stat	utory Retirement Third-party	12b						
262 Brett Overpass					employee plan sick pay			733					
					14 Other (see enclosed Notice to Employee)								
	Bassland OK 68585-0283					14 Other (see enclosed Notice to Employee)			120				
								P	P 460				
								12d	i				
									E 390				
f Employee's address and ZIP code													
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local income ta	х	20 Locality	/ name		
NJ	368-13	3-904	108348.24	3989.31		147164.41 19		964.63		Tyler	Road		
TN	988-22	2-001	91749.35	3536.52	192275.77 26		3429.24		Scott	Pass			

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

