STATEMENT 6	ial security number 58-27-6370	OMB N	o. 1545-0008	Safe, Acc FAST! U	se R	e ≁fil	at wv	the IRS Website vw.irs.gov/efile.			
b Employer identification number 04-5187103	-	es, tips, other comp 24956.91			2 Federal income tax withheld 61297.11						
c Employer's name, address, and ZIP code Vazquez-Zuniga LLC	3 Socia	al security wages 67776 . 99		4							
263 Kaitlyn Burg	5 Medi	care wages and tip 87669.26	s								
South Taylorburgh MO 19076-4086				7 Social security tips 267776.99				8 Allocated tips 187669.26			
d Control number 2429282				9 Advance EIC payment			10 Dependent care benefits 187				
e Employee's first name and initial Last nam Kimberly Price	ne			20 Retirement	Third-party sick pay	12a	P 36'	ons for box 12			
689 Payne Parks West Briannaport SD 07463-06				14 Other (see enclosed Notice to Employee)				9			
f Employee's address and ZIP code						12d	P 718	3			
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18	Local wages, tips	etc.	19 Local inco	me tax	20 Locality name			
NJ 482-21-019	117136.37	3999.36	2	24963.37		26917.	12	Richard Pine			
ND 163-91-214	121609.64	5734.84	1	79058.69	1	24059.	46	Benjamin Bypass			

Wage and Tax Statement

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.

REISSUED STATEMENT	a Employee's socia	security number	OMB N	This information is being furnished to the Internal Revenue Service. If you are require 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 number		0 27 0370		1 V	Vages, tips, other comp		all to report		al income ta	x withheld	
04-5187103					224956.91			61297.11			
c Employer's name, address, and ZIP code				3 8	3 Social security wages			4 Social security tax withheld			
Vazquez-Zuniga LLC					267776.99			20484.94			
263 Kaitlyn Burg				5 N	5 Medicare wages and tips			6 Medicare tax withheld			
					187669.26			5442.41			
South Taylorburgh MO 19076-4086				7 Social security tips				8 Allocated tips			
				267776.99				187669.26			
d Control number				9 Advance EIC payment			10	10 Dependent care benefits			
2429282									187		
e Employee's first name and initi	al Last name			11 N	lonqualified plans		12a	See in	structions	for box 12	
			220				P 3674				
Kimberly	Price			13 Statu	*	Third-party	12b				
689 Payne	Parks			X	plan X	x sick pay		P	479		
West Bria	nnaport	SD 0746	3-06	14 (Other (see enclosed No	tice to Employe	ee) 12c		1		
Mese Dilamapore DD 07405 00				1				D	609		
							12d		1000		
								P	718		
(. E								Р	/10		
f Employee's address and ZIP c5 State Employer's state ID		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,	etc.	19 Local i	ncome ta	ıx	20 Locality name	
NJ 482-2	1-019	117136.37	3999.36		224963.37		26917	7.12		Richard Pine	
										T	
ND 163-9	1-214	121609.64	5734.84		179058.69		24059	9.46		Benjamin Bypas	

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

