REISSUED a Employee's social security n			Safe, Accurate,	(IRSE)		Visit the IR	S Websi	te		
STATEMENT 571-34-	·3418	OMB No. 1545-0	008 FAST! Use		ile)	at www.irs.	.gov/efile			
b Employer identification number		1	Wages, tips, other compensation	2	Federal	l income tax w	vithheld			
27-6024009			116444.28			42528.45				
c Employer's name, address, and ZIP code		3	3 Social security wages			4 Social security tax withheld				
Choi, Moore and Marquez and Sons			108814.6			8324.32				
963 Carla Square Suite 191			5 Medicare wages and tips			6 Medicare tax withheld				
			101627.34			2947.19				
East Nancy NV 47994-9577			7 Social security tips			8 Allocated tips				
			108814.6			10162	7.34			
d Control number		9	Advance EIC payment	10	Depend	dent care bene	efits			
7309596						255				
e Employee's first name and initial Last name		11	Nonqualified plans	128	See ins	structions for	box 12			
Teresa Stone			165			G 7688				
			13 Statutory Retirement Third-party employee plan sick pay			1				
5260 William Circle			loyee plan sick pa	ay .		658				
North Evanfort OK 590	012-4351	14	Other (see enclosed Notice to Em	ployee) 120	;	1				
North Evaniors on Syste 1331					D	783				
				120	ı					
					P	385				
f Employee's address and ZIP code						303				
	vages, tips, etc. 17 State in	ncome tax	18 Local wages, tips, etc.	19 Local	income tax	. 2	20 Locality	name		
MA 290-17-987 62626	6.69 4774	. 29	141531.34	1506	2.53]	Lisa	Spur		
MT 159-56-552 63750	3608	. 84	124384.11	1581	7.62	I	David	Cliff		

Wage and Tax

This information is being furnished to the Internal Revenue Service.

5070 **Statement** Form W-2 Copy B--To Be Filed with Employee's FEDERAL Tax Return

Department of the Treasury--Internal Revenue Service

Cut here. Keep lower portion for your records.

F	REISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
S	TATEMENT	57	71-34-3418	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 number				1 Wages, tips, other compensation			2 Federal income tax withheld					
27-6024009				116444.28			42528.45					
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld						
Choi, Moore and Marquez and Sons				108814.6			8324.32					
963 Carla Square Suite 191 East Nancy NV 47994-9577			5 Medicare wages and tips 101627.34			6 Medicare tax withheld 2947.19						
											7 Social security tips	
									108814.6			
d Contro	ol number				9	Advance EIC payment		10	Depend	lent care b	enefits	
	7309596									255		
e Employee's first name and initial Last name			11 Nonqualified plans 12a See instructions for box				for box 12					
Teresa Stone			165			G 7688						
			13 Stat	utory Retirement Third-party ployee plan sick pay	'	12b	Ī	ı				
5260 William Circle			0.11,5	Joseph Jo				658				
North Evanfort OK 59012-4351			14	Other (see enclosed Notice to Emplo	yee)	12c						
							D	783				
								12d				
									P	385		
		i.							P	363		
15 State	oyee's address and ZIP coo Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local inc	ome tax		20 Localit	y name
MA	290-17	7-987	62626.69	4774.29		141531.34	15	062	53		Lisa	Spur
				1			+==	302				~Pul
MT	159-56	5-552	63750.11	3608.84		124384.11	15	817	. 62		David	Cliff

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

