| INLIGOOLD . ,                                | ocial security number      |                     | Safe, Accurate, Visit the IRS Website                              |                                 |               |                            |                                |                  |  |
|--|----------------------------|---------------------|--|---------------------------------|---------------|----------------------------|--------------------------------|------------------|--|
| STATEMENT                                    | 465-67-0294                | OMB N               | o. 1545-00   | 008 FAST! Use                   |               | ile                        | at www.i                       | rs.gov/efile.    |  |
| <b>b</b> Employer identification number      |                            |                     | 1 V  | Vages, tips, other compensation | 2             | Federa                     | l income tax                   | withheld         |  |
| 51-2636904                                   |                            |                     |  | 237673.97                       |               |                            | 74724.88                       |                  |  |
| c Employer's name, address, and ZIP code     |                            |                     |  | 3 Social security wages         |               |                            | 4 Social security tax withheld |                  |  |
| Swanson-Esparza and Sons                     |                            |                     | 220889.23  |                                 |               | 16898.03                   |                                |                  |  |
| 0808 Jordan Union Apt. 418                   |                            |                     | 5 N  | Medicare wages and tips         | 6             |                            |                                |                  |  |
| East Kristine MA 41900-7905                  |                            |                     |  | 215108.91                       |               | 6238.16                    |                                |                  |  |
|  |                            |                     | 7 Social security tips   |                                 |               | 8 Allocated tips           |                                |                  |  |
|  |                            |                     |  | 220889.23                       |               |                            |                                | 08.91            |  |
| d Control number                             |                            |                     | 9 Advance EIC payment  |                                 |               | 10 Dependent care benefits |                                |                  |  |
| 3367560                                      |                            |                     |  |                                 |               | 155                        |                                |                  |  |
| e Employee's first name and initial Last n   | ame                        |                     | 11 1   | Nonqualified plans              | 12:           | a See in                   | structions 1                   | for box 12       |  |
|  |                            |                     | 231  |                                 |               | 6875                       |                                |                  |  |
| Sonya Diaz                                   |                            |                     | 13 Statu   |                                 | y <b>12</b> l | )                          | 1                              |                  |  |
| 50230 Susan Path<br>Shellyport IN 65187-1862 |                            |                     | employee plan sick pay  14 Other (see enclosed Notice to Employee) |                                 |               | н 805                      |                                |                  |  |
|  |                            |                     |  |                                 |               | •                          | ı                              |                  |  |
|  |                            |                     |  |                                 |               |                            | 781                            |                  |  |
|  |                            |                     | !  |                                 |               | 12d                        |                                |                  |  |
|  |                            |                     |  |                                 |               | G                          | 642                            |                  |  |
| f Employee's address and ZIP code            |                            |                     |  |                                 |               |                            |                                |                  |  |
| 15 State Employer's state ID number          | 16 State wages, tips, etc. | 17 State income tax |  | 18 Local wages, tips, etc.      | 19 Local      | income tax                 |                                | 20 Locality name |  |
| CA 074-81-486                                | 124849.38                  | 6565.71             |  | 217270.75                       | 4291          | 2918.44 Darius Mountai     |                                | Darius Mountains |  |
| WY 183-29-802                                | 127282.43                  | 8894.67             | 239021.97 38   |                                 | 3802          | 38027.0                    |                                | Harris Tunnel    |  |

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.

| F   | REISSUED                   | a Employee's soci | -  |                                   | This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if |                            |                                |                  |  |                  |  |
|---|----------------------------|-------------------|--|-----------------------------------|--|----------------------------|--------------------------------|------------------|--|------------------|--|
| S   | TATEMENT                   | 4                 | 65-67-0294                                 | OMB N                             | OMB No. 1545-0008 to life 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  |                  |  |                  |  |
| 51-2636904  |                            |                   |  | 237673.97                         |  |                            | 74724.88                       |                  |  |                  |  |
| c Employer's name, address, and ZIP code                  |                            |                   |  | 3 Social security wages           |  |                            | 4 Social security tax withheld |                  |  |                  |  |
| Swanson-Esparza and Sons                                  |                            |                   |  | 220889.23                         |  |                            | 16898.03                       |                  |  |                  |  |
| 0808 Jordan Union Apt. 418<br>East Kristine MA 41900-7905 |                            |                   | 5 Medicare wages and tips 215108.91        |                                   |  | 6 Medicare tax withheld    |                                |                  |  |                  |  |
|   |                            |                   |  |                                   |  | 6238.16                    |                                |                  |  |                  |  |
|   |                            |                   | 7 Social security tips                     |                                   |  | 8 Allocated tips           |                                |                  |  |                  |  |
|   |                            |                   |  | 220889.23                         |  |                            | 215108.91                      |                  |  |                  |  |
| d Control number  |                            |                   | 9 Advance EIC payment                      |                                   |  | 10 Dependent care benefits |                                |                  |  |                  |  |
| 3367560   |                            |                   |  |                                   |  |                            | 155                            |                  |  |                  |  |
| e Employee's first name and initial Last name             |                            |                   | 11 Nonqualified plans 12a See              |                                   |  | 12a See ins                | instructions for box 12        |                  |  |                  |  |
| Sonya Diaz  |                            |                   | 231 13 Statutory Retirement Third-party    |                                   |  | 6875                       |                                |                  |  |                  |  |
|   |                            |                   | employee plan sick pay                     |                                   |  | 1                          |                                |                  |  |                  |  |
| 50230 Susan Path  |                            |                   |  |                                   |  | H                          | 805                            |                  |  |                  |  |
| Shellyport IN 65187-1862                                  |                            |                   | 14 Other (see enclosed Notice to Employee) |                                   |  | 12c                        |                                |                  |  |                  |  |
|   |                            |                   |  |                                   |  | 781                        |                                |                  |  |                  |  |
|   |                            |                   |  |                                   |  |                            | 12d                            |                  |  |                  |  |
|   |                            |                   |  |                                   |  |                            | G 642                          |                  |  |                  |  |
|   | oyee's address and ZIP coo |                   | T  | T.= 2                             |  | T                          |                                |                  |  | T                |  |
| 15 State  | Employer's state ID no     |                   | 16 State wages, tips, etc.                 | 17 State income tax               |  | 18 Local wages, tips, etc. |                                | Local income tax |  | 20 Locality name |  |
| CA  | 074-81                     | L-486             | 124849.38                                  | 6565.71                           |  | 217270.75                  | 42                             | 918.44           |  | Darius Mountains |  |
| WY  | 183-29                     | 9-802             | 127282.43                                  | 8894.67                           |  | 239021.97                  | 38                             | 027.0            |  | Harris Tunnel    |  |

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

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