F	REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website							ite		
S	TATEMENT	54	13-09-3554	OMB N	lo. 1545-0	0008 FAST! Us	e ·	5~ I	ile)	at www.i	rs.gov/efile).		
b Employer identification number					1	1 Wages, tips, other compensation			2 Federal income tax withheld					
88-4321698						103770.7				17408.72				
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld					
Chavez Ltd Group						79262.85			6063.61					
159 Brown Forge					5 Medicare wages and tips				Medicare tax withheld					
						84645.82				2454.73				
Lloydton MS 68228-8228					7 Social security tips			8	8 Allocated tips					
					79262.85				84645.82					
d Control number					9	Advance EIC payment		10	Depend	dent care be	enefits			
6859836										132				
e Employee's first name and initial Last name					11 Nonqualified plans 12a See instructions for				for box 12					
					293				D 5742					
Francis Pittman 918 Lambert Key Jordanberg MT 33381-3670						13 Statutory Retirement Third-party employee plan sick pay				1				
										P 213				
						14 Other (see enclosed Notice to Employee)								
Jordanberg Mr 33361-3670									D	154				
								12d	12d					
								124		1				
									375					
	yee's address and ZIP cod		Tro or .	Transition in		Trans.					Tag. 11.			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		3,,,,.,			Local income tax			y name		
NC	233-22	-796	57000.81	2877.75		102659.55		13310	3310.76		Michael	Shores		
со	065-59	-351	53123.2	2713.87	107018.43		1090	L0906.52			Well			

Wage and Tax

Form W-2 Statement

5010

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.

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	STATEMENT 543-09-3554 OMB No. 1					No. 1545-0008 this income is taxable and you fail to report it.								
b Emplo	b Employer identification number					1 Wages, tips, other compensation				Federal income tax withheld				
88-4321698						103770.7				17408.72				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld				
Chavez Ltd Group 159 Brown Forge						79262.85				6063.61				
						5 Medicare wages and tips				6 Medicare tax withheld				
						84645.82				2454.73				
	Lloydton MS 68228-8228					7 Social security tips				8 Allocated tips				
						79262.85				84645.82				
d Control number					9 Advance EIC payment			10 Dependent care benefits						
	6859836									132				
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12					
Francis Pittman						293				D 5742				
						13 Statutory Retirement Third-party								
918 Lambert Key Jordanberg MT 33381-3670					employee plan sick pay				P	213				
								12c						
					14 Other (see enclosed Notice to Employee)					i				
									D	154				
							İ	12d						
										375				
	yee's address and ZIP co		Transis is in	1		Tra e e e	1.0.							
15 State	Employer's state ID n		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local inc			20 Locality	y name		
NC	233-22	2-796	57000.81	2877.75	102659.55 1		13	13310.76			Michael	Shores		
со	065-59	9-351	53123.2	2713.87		107018.43	10	906	. 52		Sims	Well		

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

