F	REISSUED	a Employee's socia	l security number			;	Safe, Accurate,		12 HI		isit the II	RS Websi	te	
S	TATEMENT	49	1-04-0460	OME	3 No. 1545-0	0008 I	FAST! Use			at	t www.irs	s.gov/efile	-	
b Employer identification number					1	1 Wages, tips, other compensation				2 Federal income tax withheld				
43-1017507						152224.37				36540.42				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld				
Rodriguez-Sanchez Inc						135909.85				10397.1				
44517 Shannon Trace Suite 373						5 Medicare wages and tips				6 Medicare tax withheld				
						13120	3805.07							
Anitatown WA 43528-4616					7	1 0000000000000000000000000000000000000				8 Allocated tips				
						135909.85				131209.43				
d Control number					9	9 Advance EIC payment 10 Dependent care benefits					nefits			
4081130										202				
e Employee's first name and initial Last name						11 Nonqualified plans			12a See instructions for box 12					
Amanda White 466 Logan Parkway Apt. 510 West Janefort AR 06263-1723						277			D 6536					
						13 Statutory Retirement Third-party employee plan sick pay								
						pioyee		5	582					
						14 Other (see enclosed Notice to Employee)				i				
										G 334				
									12d					
										P 9	959			
	yee's address and ZIP cod	e												
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income to	ax	18 Local v	vages, tips, etc.	19 L	Local incor	me tax		20 Locality	name	
ID	289-86	787	80735.79	8885.93		13782	21.67	21	642.	3		Stephens I	Mountain	
AL	174-85	-075	77429.3	8304.37		13504	11.0	26	507.	13		Mark S	tream	

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.

R	REISSUED	a Employee's soci	al security number		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								
ST	<b>TATEMENT</b>	4	91-04-0460	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				
43-1017507					152224.37				36540.42				
c Emplo	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Rodriguez-Sanchez Inc					135909.85				10397.1				
44517 Shannon Trace Suite 373						5 Medicare wages and tips				6 Medicare tax withheld			
					131209.43				3805.07				
·	Anitatown WA 43528-4616					7 Social security tips				8 Allocated tips			
						135909.85				131209.43			
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits				
	4081130								202				
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12			
Amanda White						277  13 Statutory Retirement Third-party			D 6536				
	466 Logan Parkway Apt. 510 West Janefort AR 06263-1723					employee plan sick pay  The plan sick pay  X  14 Other (see enclosed Notice to Employee)				582			
										12c			
										334			
								12d					
									P	959			
f Employee's address and ZIP code						T					1		
<b>15</b> State	Employer's state ID n		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local inco			20 Locality name		
ID	289-86	5-787	80735.79	8885.93		137821.67	21	642.	3		Stephens Mountain		
AL	174-8	5-075	77429.3	8304.37		135041.0	26	507.	13		Mark Stream		

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

