F	REISSUED a Employee's social security number			Safe, Accurate,				Visit the IRS Website					
S	TATEMENT	03	30-74-6444	OMB N	No. 1545-0	008 FAST! Us	e	G	file	at www.i	rs.gov/efile		
<b>b</b> Emplo	yer identification number				1	1 Wages, tips, other compensation			2 Federal income tax withheld				
	90-0307699					44497.85			11499.09				
c Employer's name, address, and ZIP code					3	3 Social security wages			4 Social security tax withheld				
Sanchez-Powell PLC						49855.3			3813.93				
36908 Edwin Shoal					5 Medicare wages and tips				6 Medicare tax withheld				
	Jamesside MA 94678-8619					56238.71				1630.92			
						7 Social security tips				8 Allocated tips			
					49855.3				56238.71				
d Control number					9 Advance EIC payment			1	10 Dependent care benefits				
6337093									121				
e Employee's first name and initial Last name					11 Nonqualified plans			1	12a See instructions for box 12				
					248				P 6147				
	Kevin Brown					13 Statutory Retirement Third-party employee plan sick pay							
5208 Andrew Pine Apt. 494						X X			G	728			
Port Amy WA 95592-4565						14 Other (see enclosed Notice to Employee)			12c	1			
									D	616			
									12d			-	
									D	637			
f Emplo	vee's address and ZIP cod	•						-	ע	037			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	<del></del>	18 Local wages, tips,	etc.	19 Loc	al income ta	<	20 Locality	name	
NE	874-21	-274	22928.71	2471.91		57681.11 7		792	927.22		Sarah	Rapid	
											†		
CA	053-80	053-80-312 24042.5 1666.76		50377.63 5			575	0.38	Jacqueli	ne Road			

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	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							
S	TATEMENT	0.	30-74-6444	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>b</b> Emplo	b Employer identification number					Wages, tips, other compensation			2 Federal income tax withheld			
90-0307699					44497.85			11499.09				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Sanchez-Powell PLC 36908 Edwin Shoal Jamesside MA 94678-8619					49855.3			3813.93				
					5	Medicare wages and tips	6 Medicare tax withheld 1630.92					
						56238.71						
					7	Social security tips	8 Allocated tips					
					49855.3			56238.71				
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	6337093								121			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
	Kevin Brown 5208 Andrew Pine Apt. 494					248			P 6147			
						13 Statutory Retirement Third-party employee X X X Statutory Plan Sick pay X 14 Other (see enclosed Notice to Employee)						
									728	728		
Port Amy WA 95592-4565					Other (see enclosed Notice to Employee)							
								D	616			
								12d	1			
								D	637			
f Emplo	yee's address and ZIP co	de							1			
15 State	Employer's state ID n	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 I	Local income	tax	20 Locality name		
NE	874-23	L-274	22928.71	2471.91		57681.11	79	27.22		Sarah Rapid		
CA	053-80	0-312	24042.5	1666.76		50377.63	57	50.38		Jacqueline Road		

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

