F	REISSUED	a Employee's socia	•			Safe	Accurate,	e A	AH C	Visit the	IRS Website		
S	TATEMENT	41	L8-50-3913	OMI	B No. 1545-0	0008 FAS	T! Use	G	file	at www.i	rs.gov/efile.		
b Employer identification number					1	1 Wages, tips, other compensation			2 Federal income tax withheld				
98-3994384						189159.83			43875.14				
c Employer's name, address, and ZIP code					3	3 Social security wages			4 Social security tax withheld				
Torres and Sons PLC						133557.27			10217.13				
754 Leslie Bypass Suite 187					5					6 Medicare tax withheld			
Russellton IL 09623-4202						151988.98				4407.68			
Russellton in 09025-4202					7	7 Social security tips			8 Allocated tips				
						133557.27			151988.98				
d Control number					9	9 Advance EIC payment 10 Dependent of				enefits			
9694870									118				
e Employee's first name and initial Last name					11	11 Nonqualified plans			12a See instructions for box 12				
Paris and Manufacture						128			P 7794				
Brian Montgomery 4467 Rebecca Spring						13 Statutory Retirement Third-party employee X X Sick pay 14 Other (see enclosed Notice to Employee)			12b	ı			
									E				
	Christyland IN 67812-6692								12c				
Chilistyland in 07012 0052										388			
									12d				
									G	162			
f Emplo	vee's address and ZIP cod	•						H	<u> </u>	102			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income t	ax	18 Local wage	s, tips, etc.	19 Loc	cal income tax	(20 Locality name		
TN	362-10	-482	91698.1	6032.27		221092	. 82	359	62.04		Amber Brook		
								+	-		1		
KY	191-70	-425	92208.23	5901.98		215224	. 81	203	11.59		Matthew Rue		

Wage and Tax
Form W-2 Statement

5070

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	This information is being furnished to the Internal Revenue Service. If you are require										
_	TATEMENT	41	18-50-3913	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					Wages, tips, other compensation			2 Federal income tax withheld				
98-3994384					189159.83			43875.14				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Torres and Sons PLC					133557.27			10217.13				
754 Leslie Bypass Suite 187 Russellton IL 09623-4202					5 N	ledicare wages and tips		6 Medicare tax withheld				
					151988.98 7 Social security tips			4407.68 8 Allocated tips				
d Control number					9 Advance EIC payment			10 Dependent care benefits				
	9694870								118			
e Emplo	yee's first name and initial	Last name)		11 Nonqualified plans			12a See instructions for box 12				
Buisa Mantagana				128			P 7794					
	Brian Montgomery 4467 Rebecca Spring				13 Statutory Retirement Third-party employee plan sick pay			12b	ı			
					X	X SIGN PAY		E	964			
Christyland IN 67812-6692					14 Other (see enclosed Notice to Employee)			12c				
Chilistyland in 07012 0092								388				
						!			12d			
								~	1.00			
								G 162				
15 State	nployee's address and ZIP code ate 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					
TN	362-10		91698.1	6032.27		221092.82	_	962.04		Amber Brook		
111	302-10	7-402	91090.1	0032.27		221032.02	33	90Z.U4		Amber Brook		
KY	191-70	-425	92208.23	5901.98		215224.81	20	311.59		Matthew Rue		

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

