REISSU	ED a l		I security number				Safe, Acc	urate,			Visit the	IRS Website	
STATEM	ENT	22	25-48-0355	OMB N	o. 1545-	-0008	FAST! Us	se 📉	e ~f	16	at www.i	rs.gov/efile.	
b Employer identification	ation number				1	1 Wages, tips, other compensation				2 Federal income tax withheld			
62-83	14293					218559.58				73858.07			
c Employer's name,	address, and ZIP of	ode			3 Social security wages				4	4 Social security tax withheld			
Solis, Robinson and Jones LLC				238265.12					18227.28				
30408 Lisa Vista				5 Medicare wages and tips				6					
Taba Dastinus III OFOFO 4F60					178031.52					5162.91			
Lake Destiny FL 85950-4569					7 Social security tips				8	8 Allocated tips			
							265.12				1780	31.52	
d Control number					9 Advance EIC payment			10	10 Dependent care benefits				
4697978									263				
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12					
					134				P 4933				
Mira	nda I	Miller			13 Statutory Retirement Third-party employee plan sick pay				12b		1		
0668 Angela Shores					en	npioyee	plan	sick pay			468		
Adammouth VT 43831-7100					14 Other (see enclosed Notice to Employee)				ee) 12c		1		
										908			
										12d			
										P	969		
f Employee's addre													
15 State Employ	er's state ID numbe		16 State wages, tips, etc.	17 State income tax			cal wages, tips,	etc.	19 Local in	come tax	(20 Locality name	
HI	299-89-6	564	108291.01	14066.59		194	826.43		37873	3.97		Heather Rue	
мт	446-00-9	979	118465.14	11317.19		275	548.74		31347	.33		Christopher Square	

Wage and Tax

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 social security number This information is being furnished to the Internal Revenue Service. If you a											
S	TATEMENT	22	25-48-0355	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 Emplo	oyer identification number	I.		Ш	1 V	/ages, tips, other compensation		2 Federal income tax withheld				
	62-8314293					218559.58	73858.07					
c Emplo	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Solis, Robinson and Jones LLC					238265.12			18227.28				
30408 Lisa Vista					5 N	ledicare wages and tips	6 Medicare tax withheld					
Lake Destiny FL 85950-4569						178031.52	5162.91					
					7 S	ocial security tips	8 Allocated tips					
						238265.12	178031.52					
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	4697978								263			
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Wines de Willer					134			P 4933				
	Miranda Miller					ory Retirement Third-party byee plan sick pay	12b	1				
	0668 Angela Shores					X			468			
	Adammouth VT 43831-7100					other (see enclosed Notice to Employ	12c					
Additioutii VI 43031 /100								908				
									12d			
									P 969			
f Emplo	f Employee's address and ZIP code								l .			
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 19		Local income tax		20 Locality name		
HI	299-89	-664	108291.01	14066.59		194826.43		873.9	7	Heather Rue		
MT	446-00	-979	118465.14	11317.19		275548.74	31	347.3	3	Christopher Square		

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

