REISSUED a Employee's social security number			Safe, Accurate,	(IRS)		Visit the IRS Website			
STATEMENT 702-03	3-0907	OMB No. 1545-	0008 FAST! Use		*file	at www.irs.gov/efile.			
b Employer identification number			1 Wages, tips, other compensation			Federal income tax withheld			
15-4775004			80100.48			16328.81			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld			
Castillo Inc and Sons			102350.21			7829.79			
090 Peter Light			5 Medicare wages and tips			6 Medicare tax withheld			
East Kellyberg AR 71410-3098			65942.04			1912.32			
East retriberd WW 11410-2030			7 Social security tips			8 Allocated tips			
			102350.21			65942.04			
d Control number			Advance EIC payment		10 Depend	dent care benefits			
5837023					230				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12			
w: 1 11 5 1			127			P 2017			
Michelle Beard			13 Statutory Retirement Third-party employee plan sick pay			1			
05660 Jason Land			K plan sick)	P	794			
Josephtown AZ 08	712-4637	14	Other (see enclosed Notice to E	mployee)	12c				
bosephcown AZ 00/12 405/						881			
						12d			
					н	580			
					п	380			
f Employee's address and ZIP code 15 State Employer's state ID number 16 State	e wages, tips, etc. 17 State	income tax	18 Local wages, tips, etc.	19 [_ocal income tax	20 Locality name			
1 .,,	76.17 3604		81770.37	-	608.02	Castillo Ford			
	70.17				000.02	Castillo Ford			
LA 536-96-951 365:	32.61 4139	9.91	70368.46	15	639.87	Courtney Ferry			

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.

REISSUED a Employee's social security number			This information is being furnished to the Internal Revenue Service. If you are required						
STATEMENT 70	02-03-0907 OMB N		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.					imposed on you if	
b Employer identification number			1 Wages, tips, other compensation			2 Federal income tax withheld			
15-4775004			80100.48			16328.81			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld			
Castillo Inc and Sons			102350.21			7829.79			
090 Peter Light			5 Medicare wages and tips			6 Medicare tax withheld			
			65942.04			1912.32			
East Kellyberg AR 71410-3098			7 Social security tips			8 Allocated tips			
				102350.21			65942		
d Control number			9 Advance EIC payment			10 Dependent care benefits			
5837023						230			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12			
			127			P 2017			
Michelle Beard			13 Statu		12b				
05660 Jason Land			employee plan sick pay			P 794			
Josephtown AZ	08712-4637		14 C	ther (see enclosed Notice to Employ	/ee) 12c				
Josephicown AZ 08/12-463/							881		
					12d		001		
							l		
						H	580		
f Employee's address and ZIP code	T	T							
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Local i		(20 Locality name	
ME 528-82-229	39376.17	3604.19		81770.37	11608	3.02		Castillo Ford	
LA 536-96-951	36532.61	4139.91		70368.46	15639	9.87		Courtney Ferry	

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

