| STATEMENT 665-40-6068 OMB No. 1545-0008 FAST! Use at www.irs.gov/efile. b Employer identification number 13-7431723 c Employer's name, address, and ZIP code Singh-Cruz Group 3072 Thomas Pass Suite 202 Arthurfort NM 40291-6193 d Control number 4692653 e Employee's first name and initial John Meyer 4485 Delacruz Tunnel | | | | |
|---|--------------------------------|--|--|--|
| 13-7431723 | | | | |
| C Employer's name, address, and ZIP code 3 Social security wages 4 Social security tax withheld 169999.34 13004.95 3072 Thomas Pass Suite 202 5 Medicare wages and tips 6 Medicare tax withheld 3804.49 7 Social security tips 8 Allocated tips 169999.34 131189.46 3804.49 7 Social security tips 8 Allocated tips 169999.34 131189.46 131189.46 169999.34 131189.46 169999.34 1699999.34 1699999.34 1699999.34 1699999.34 1699999.34 1699999.34 16999999.34 16999999.34 16999999.34 1699999999999999999999999999999999999 | | | | |
| Singh-Cruz Group 169999.34 13004.95 | 25657.21 | | | |
| 3072 Thomas Pass Suite 202 | 4 Social security tax withheld | | | |
| 131189.46 3804.49 | 13004.95 | | | |
| Arthurfort NM 40291-6193 7 Social security tips 169999.34 131189.46 d Control number 4692653 e Employee's first name and initial Last name 11 Nonqualified plans 12a See instructions for box 12 H 6710 13 Statutory Retirement Third-party employee plan sick pay 12b | 6 Medicare tax withheld | | | |
| 169999.34 131189.46 d Control number | | | | |
| d Control number 4692653 e Employee's first name and initial Last name John Meyer 10 Dependent care benefits 162 11 Nonqualified plans 12a See instructions for box 12 H 6710 13 Statutory Retirement Third-party employee plan sick pay | | | | |
| 4692653 e Employee's first name and initial Last name 11 Nonqualified plans 12a See instructions for box 12 H 6710 13 Statutory Retirement Third-party employee plan sick pay 12b Last name | | | | |
| e Employee's first name and initial Last name 11 Nonqualified plans 12a See instructions for box 12 188 H 6710 13 Statutory Retirement Third-party employee plan sick pay | 10 Dependent care benefits | | | |
| John Meyer 188 | 162 | | | |
| John Meyer 13 Statutory Retirement Third-party 12b employee plan sick pay | | | | |
| 13 statutory Returnment ilimusparty 12D employee plan sick pay | | | | |
| | | | | |
| | G 281 | | | |
| Barrychester UT 90397-2782 T4 Other (see enclosed Notice to Employee) 12c | | | | |
| D 141 | | | | |
| 12d | | | | |
| 259 | | | | |
| f Employee's address and ZIP code | | | | |
| 15 State 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 na | ne | | | |
| CT 385-81-606 69639.65 6126.77 143563.74 16979.61 Page P | ıne | | | |
| VA 047-67-177 71107.13 4745.95 134549.89 16514.6 Manuel vil: | .ages | | | |

Wage and Tax Statement

Form W-2

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.

| REISS | a Employee's social security number This information is being furnished to the Internal Revenue Service. If you are received to file a tax return, a negligence penalty or other sanction may be imposed on you | | | | | | | | | |
|--|--|----------------------------|-----------------------|---|----------------------------|---------------------------------|-------------------------------|------------------|------------|----------|
| STATE | MENT | 665-40-6068 | 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 | | | |
| 13-7431723 | | | | 153629.91 | | | 25657.21 | | | |
| c Employer's name, address, and ZIP code | | | | 3 5 | Social security wages | | 4 Soc | ial security tax | withheld | |
| Singh-Cruz Group | | | | 169999.34 | | | 13004.95 | | | |
| 3072 Thomas Pass Suite 202 Arthurfort NM 40291-6193 | | | | 5 1 | Medicare wages and tips | | 6 Med | licare tax withh | neld | |
| | | | | 131189.46 7 Social security tips | | | 3804.49 8 Allocated tips | | | |
| | | | | | | | | | | |
| d Control number | | | | 9 / | dvance EIC payment | | 10 Dep | endent care b | enefits | |
| 4692653 | | | | | | | 162 | | | |
| e Employee's first name and initial Last name | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | |
| John Meyer | | | 188 | | | н 6710 | | | | |
| John Reyer | | | | 13 Statu emp | | | 12b | ı | | |
| 4485 Delacruz Tunnel | | | | | | | G | G 281 | | |
| Barrychester UT 90397-2782 | | | 14 (| Other (see enclosed Notice to Employ | ree) | 12c | ı | | | |
| | • | | | | | | D | 141 | | |
| | | | | | | ŀ | 12d | | | |
| | | | | | | | | 259 | | |
| | ess and ZIP code | 140.00 | 1.7 00-1-1-1-1-1 | | I do I and a series | 10.1 | | | 100 1 | |
| l ' | oyer's state ID number | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips, etc. | | _ocal income | | 20 Localit | • |
| CT | 385-81-606 | 69639.65 | 6126.77 | | 143563.74 | 16 | 979.6 | 1 | Page | Pine |
| VA | 047-67-177 | 71107.13 | 4745.95 | | 134549.89 | 16 | 514.6 | | Manuel V | Villages |

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

