REISSUED a Employee's social sec	•		Safe, Accurate, Visit the IRS Website								
STATEMENT 106-	70-6454	OMB No	. 1545-00	DOB FAST	! Use	G~I	le)	at www.ii	rs.gov/efile.		
b Employer identification number			1 \	Wages, tips, other	compensation	2	Federa	l income tax	withheld		
72-1279340				114002.4				17529.61			
c Employer's name, address, and ZIP code			3 3	Social security wag	es	4	Social s	security tax	withheld		
Ochoa Group PLC			100373.04				7678.54				
471 Victoria Pines Suite 017			5 Medicare wages and tips				6 Medicare tax withheld				
Carolberg MS 92717-5357			80417.34				2332.1				
Caloibeld Mb 92/17-3337			7 Social security tips			8	8 Allocated tips				
				100373.04			80417.34				
d Control number			9 /	Advance EIC paym	ent	10	Depend	dent care be	enefits		
7111597								280			
e Employee's first name and initial Last name			11 N	Nonqualified plans		12a	See ins	structions f	for box 12		
			290				3058				
Tyler Bradshaw			13 Statutory Retirement Third-party employee plan sick pay			12b					
3849 Tina Springs			empi	X	SICK Pay			509			
Taylorville MI 84193-7757			14 Other (see enclosed Notice to Employee)			/ee) 12c		, I			
							P	924			
						12d		1			
							G	135			
f Employee's address and ZIP code								•			
	g,	17 State income tax		18 Local wages,	• •	19 Local in		:	20 Locality name		
WY 910-79-675 57	7763.27	4243.23		104689.	78	22328	.25		Norton Stream		
ME 352-66-820 58	3568.92	5805.13		107457.	6	11686	5.94		Brown Valleys		

Wage and Tax Statement 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.

	LIGOULD	a Employee's soci	•		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						
	TATEMENT	1	06-70-6454	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.						
b Employ	b Employer identification number			1	Wages, tips, other compensation		Federal income tax withheld				
72-1279340				114002.4			17529.61				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Ochoa Group PLC				100373.04			7678.54				
471 Victoria Pines Suite 017			5 Medicare wages and tips			6 Medicare tax withheld					
Carolberg MS 92717-5357					80417.34	2332.1					
				7	Social security tips	8 Allocated tips					
				100373.04			80417.34				
d Control number			9 Advance EIC payment			10 Dependent care benefits					
7111597							280				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Tyler Bradshaw			290			3058					
			13 Stat			12b	,				
3849 Tina Springs			emp	oyee plan sick pay			509				
Taylorville MI 84193-7757			14 Other (see enclosed Notice to Employee)			12c					
						P	924				
								12d			
						G	G 135				
	yee's address and ZIP cod		1			-					
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		3.7,1,7,		Local income t		20 Locality name	
WY	910-79	9-675	57763.27	4243.23		104689.78 22		2328.25		Norton Stream	
ME	352-66	5-820	58568.92	5805.13		107457.6	11	.686.94		Brown Valleys	

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

