RI	REISSUED a Employee's social security number					Safe, Accurate,				Visit the	IRS Website		
ST	ATEMENT	22	21-51-7536	OMI	IB No. 1545-00	08 FAS	Γ! Use	G 1	file	at www.	rs.gov/efile.		
b Employer identification number					1 V	1 Wages, tips, other compensation				Federal income tax withheld			
94-3299795						118567.36				40971.02			
c Employe	er's name, address, and Z	ZIP code			3 S	3 Social security wages				4 Social security tax withheld			
Martin and Sons Ltd						152049.08				11631.75			
94546 Rebecca Fork Apt. 820					5 N	gg				6 Medicare tax withheld			
						87614.68				2540.83			
F	East Jenniferchester SC 66238-1500					7 Social security tips				8 Allocated tips			
						152049.08			87614.68				
d Control number					9 A	9 Advance EIC payment			10 Dependent care benefits				
6795127									189				
e Employee's first name and initial Last name					11 N	11 Nonqualified plans			12a See instructions for box 12				
_						134			D 9023				
F	April Salinas					13 Statutory Retirement Third-party employee plan sick pay							
2718 Campbell Field Suite 278 North Brianna AK 69434-4296					X					E 672			
					14 C					12c			
										704			
									12d				
									D	220			
f Employee's address and ZIP code								-		220			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income t	tax	18 Local wages	, tips, etc.	19 Lo	ocal income	tax	20 Locality name		
RI	194-93	-203	55728.9	5984.6		107264.	6	213	336.8	1	Jennifer Roads		
OK	941-20	-492	58202.9	5046.72		118426.82 23		214	21451.77		Jane Streets		

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.

RE	EISSUED	ISSUFD a Employee's social security number This information is being furnished to the Internal Revenue Service. If you a										
	ATEMENT	22	21-51-7536	OMB 1	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 V	,			2 Federal income tax withheld			
94-3299795						118567.36			40971.02			
c Employer's name, address, and ZIP code					3 8	3 Social security wages			4 Social security tax withheld			
Martin and Sons Ltd						152049.08			11631.75			
94546 Rebecca Fork Apt. 820 East Jenniferchester SC 66238-1500					5 Medicare wages and tips			6 Medicare tax withheld				
					87614.68			2540.83				
					7 Social security tips			8 Allocated tips				
						152049.08			87614.68			
d Control number					9 A	9 Advance EIC payment			10 Dependent care benefits			
6795127								189				
e Employe	ee's first name and initial	Last name)		11 Nonqualified plans			12a See instructions for box 12				
					134			D 9023				
A	April Salinas				13 Statutory Retirement Third-party			12b				
2718 Campbell Field Suite 278 North Brianna AK 69434-4296					x x x sick pay 14 Other (see enclosed Notice to Employee)			E	672			
								12c				
								G	704			
									12d			
								1				
						1			D 220			
f Employee's address and ZIP code						T				1		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		ocal income tax		20 Locality name		
RI	194-93	3-203	55728.9	5984.6		107264.6	213	336.84		Jennifer Roads		
ок	941-20	-492	58202.9	5046.72		118426.82	214	451.77		Jane Streets		

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

