REISSUED	a Employee's socia	•				Safe, Accurate,	TRS: •	JZ€H		Visit the	IRS Website	
STATEMENT	51	L9-48-4770	OMB	No. 1545-00	800	FAST! Use		~ fi	٤	at www.i	rs.gov/efile.	
b Employer identification number				1 V	1 Wages, tips, other compensation				2 Federal income tax withheld			
59-2401275					227956.19				78148.07			
c Employer's name, address, and ZIP code				3 8	3 Social security wages				4 Social security tax withheld			
Smith, Price and Martinez Group					213319.22				16318.92			
3740 Terry Vista Suite 804				5 N	ager and apr				6 Medicare tax withheld			
Avervside CO 69234-6852					272844.51				7912.49			
Averyside CO 69234-6852				7 8	7 Social security tips				8 Allocated tips			
					213319.22			272844.51				
d Control number				9 A	9 Advance EIC payment			10 Dependent care benefits				
6717748										133		
e Employee's first name and initial Last name				11 N	11 Nonqualified plans			12a See instructions for box 12				
					216			E 8295				
Gregory Sanchez				13 Statu		Retirement Third- plan sick p		12b		i		
17987 Frederick Turnpike Apt. 897				X					P 541			
North Michaelview LA 24173-210				14 (14 Other (see enclosed Notice to Employee)			12c		i		
								353				
								12d				
									G	770		
f Employee's address and ZIP of	ode											
15 State Employer's state ID	number	16 State wages, tips, etc.	17 State income ta	эх	18 Loca	l wages, tips, etc.	19	Local inco	ome tax		20 Locality name	
WY 204-4	6-084	106340.42	7265.79		1886	570.77	38	3040.	65		Martinez Cove	
NH 124-9	2-141	103668.38	6344.92		212216.12		41	41833.24			Melanie Bridge	

Wage and Tax
Form W-2 Statement

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.

REISSUED	a Employee's soci	al security number	<u> </u>		This information is being furnis	hed to th	he Internal Re	venue Serv	ice. If you are required		
STATEMENT	1	19-48-4770	OMB	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	OTATEMENT				Vages, tips, other compensation	iali to re	2 Federal income tax withheld				
59-2401275					227956.19		78148.07				
c Employer's name, address, and ZIP code				3	3 Social security wages			4 Social security tax withheld			
Smith, Price and Martinez Group					213319.22			16318.92			
3740 Terry Vista Suite 804 Averyside CO 69234-6852				5	Medicare wages and tips		6 Medicare tax withheld				
					272844.51		7912.49 8 Allocated tips				
				7	Social security tips						
					213319.22			272844.51			
d Control number				9	9 Advance EIC payment			10 Dependent care benefits			
6717748								133			
e Employee's first name and initial Last name				11	11 Nonqualified plans			12a See instructions for box 12			
Gregory Sanchez					216			E 8295			
				13 State			12b				
17987 Frederick Turnpike Apt. 897					employee plan sick pay			P 541			
North Michaelview LA 24173-210				14	Other (see enclosed Notice to Employ	/ee)	12c	1			
NOICH MICHAELVIEW HA 241/3 210								353			
				12d							
								l .			
								G 770			
f Employee's address and ZIP											
15 State Employer's state ID		16 State wages, tips, etc.	17 State income ta	x	3.7,1.7		cal income tax	20 Locality name			
WY 204-	16-084	106340.42	7265.79		188670.77 38		8040.65		Martinez Cove		
NH 124-	92-141	103668.38	6344.92		212216.12	418	33.24		Melanie Bridge		

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

