| REISSUED a Employee's social security number | | Safe, Accurate, | ren della | Visit the IRS Website | | | | |
|-----------------------------------------------|----------------|-------------------------------------|---------------------|---------------------------------|--|--|--|--|
| STATEMENT 627-44-5852 | OMB No. 1545-0 | 008 FAST! Use | rse file | at www.irs.gov/efile. | | | | |
| b Employer identification number | 1 | Wages, tips, other compensation | 2 Federa | 2 Federal income tax withheld | | | | |
| 83-7170553 | | 216259.5 | 2326 | 23260.27 | | | | |
| c Employer's name, address, and ZIP code | 3 | Social security wages | 4 Social s | 4 Social security tax withheld | | | | |
| Bishop, Walton and Joseph and Sons | | 153147.56 | 1171 | 11715.79 | | | | |
| 2715 Erik Isle | 5 | Medicare wages and tips | 6 Medica | | | | | |
| Took Ched TI (1126 0054 | | 273228.0 | | 7923.61 | | | | |
| East Chad IL 61136-9254 | 7 | Social security tips | 8 Allocate | 8 Allocated tips | | | | |
| | | 153147.56 | | 273228.0 | | | | |
| d Control number | 9 | Advance EIC payment | 10 Depend | 10 Dependent care benefits | | | | |
| 8459357 | | | | 266 | | | | |
| e Employee's first name and initial Last name | 11 | Nonqualified plans | 12a See in: | 12a See instructions for box 12 | | | | |
| Brandon Ramirez | | 246 | | 7153 | | | | |
| | | utory Retirement Third-part | y 12b | 12b | | | | |
| 90271 Harris Isle | emp | oloyee plan sick pay | P | 760 | | | | |
| 37 D 1 1 1 1 1 1 TO FOR FOR | _ 14 | Other (see enclosed Notice to Emplo | ovee) 12c | | | | | |
| New Patriciastad ME 59552-516 | | | _ | 0.50 | | | | |
| | | | P | 370 | | | | |
| | | | 12d | 1 | | | | |
| | | | E | 169 | | | | |
| f Employee's address and ZIP code | | | | | | | | |
| | e income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | | | | |
| VA 801-08-880 105561.78 9727 | 7.04 | 165257.19 | 32827.73 | Peterson Oval | | | | |
| FL 733-74-733 117332.24 1065 | 54.21 | 182840.32 | 42937.49 | Andrew Keys | | | | |

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.

| REISSUED | a Employee's soci | al security number | | | This information is being furnished to the Internal Revenue Service. If you are required | | | | | | | | |
|-----------------------------------------------|-------------------|------------------------------------------------------------|-------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------------|--------------------------------|----------------------------|-----------------------------|----------|---|------------------|
| STATEMENT | 6 | 27-44-585 | 2 | 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 numb | er | | | | Wages, tips, other compensation | | | | | Federal income tax withheld | | | |
| 83-7170553 | | | 216259.5 | | | | | 23260.27 | | | | | |
| c Employer's name, address, and ZIP code | | | 3 Social security wages | | | | | 4 Social security tax withheld | | | | | |
| Bishop, Walton and Joseph and Sons | | | 153147.56 | | | | | 11715.79 | | | | | |
| 2715 Erik Isle | | | | 5 Medicare wages and tips | | | | | 6 Medicare tax withheld | | | | |
| East Chad IL 61136-9254 | | | 273228.0 | | | | | 7923.61 | | | | | |
| | | | 7 Social security tips | | | | | 8 Allocated tips | | | | | |
| | | | | 153147.56 | | | | | 273228.0 | | | | |
| d Control number | | | | 9 Advance EIC payment | | | | | 10 Dependent care benefits | | | | |
| 8459357 | | | | | | | | | | | 266 | | |
| e Employee's first name and initial Last name | | 11 Nonqualified plans | | | | | 12a See instructions for box 12 | | | | | | |
| Brandon Ramirez | | 246 | | | | | 7153 | | | | | | |
| | | 13 Statutory Retirement Third-party employee plan sick pay | | | | | 12b | | i | | | | |
| 90271 Harris Isle | | | | прючее | pian | SICK Pay | | | P | 760 | | | |
| New Patriciastad ME 59552-516 | | 14 Other (see enclosed Notice to Employee) | | | | yee) | 12c | | I | | | | |
| | | | | | | | | P | 370 | | | | |
| | | | | | | | | | • | 12d | | | |
| | | | | | | | | | E | 169 | | | |
| f Employee's address and ZIP | | | | | | | | | | | | • | |
| 15 State Employer's state II | number | 16 State wages, t | ips, etc. | 7 State income tax | | | cal wages, t | • | 19 L | _ocal ind | come tax | : | 20 Locality name |
| VA 801- | 08-880 | 105561.7 | 78 9 | 9727.04 | | 165 | 257.1 | L 9 | 32 | 827 | .73 | | Peterson Oval |
| FL 733- | 74-733 | 117332.2 | 24 1 | 10654.21 | | 182 | 840.3 | 32 | 42 | 937 | .49 | | Andrew Keys |

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

