REISS	EISSUED a Employee's social security number					Safe, Accurate,				Visit the IRS Website			
STATE	MENT	55	3-74-6457	OMB	No. 1545-0	8000	FAST! Us	se ·	<b>G</b>	IIIE	at www.i	rs.gov/efile.	
b Employer identification number					1	1 Wages, tips, other compensation				2 Federal income tax withheld			
12-6726820						231767.65				77530.71			
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Patterson, Martinez and Jennings Group						294795.2				22551.83			
5351 Kelly Squares Apt. 231					5	The state of the s				6 Medicare tax withheld			
Carolynton CA 81659-7234						296531.81				8599.42			
Carolyncon CA 81059-7254					7					8 Allocated tips			
						294795.2				296531.81			
d Control number	er				9	9 Advance EIC payment				10 Dependent care benefits			
108	9934										134		
e Employee's first name and initial Last name					11	11 Nonqualified plans				12a See instructions for box 12			
						140				6318			
Linda Rodriguez					13 Statutory Retirement Third-party employee plan sick pay				b				
3775 Donna Roads Apt. 933						Dioyee (	X	sick pay			715		
Anthonymouth VA 19333-7576					14	Other (see	e enclosed Not	ce to Employ	ee) 12	С	·		
Anchonymouth va 19333 7370											771		
										12d			
										E	201		
f Employee's ac	ddress and ZIP cod	е									1		
15 State Em	ployer's state ID nu	mber	16 State wages, tips, etc.	17 State income ta	x	18 Loc	al wages, tips,	etc.	19 Loca	income ta	х	20 Locality name	
FL	803-65	-604	120379.92	10047.19		204	865.44		3897	5.04		Gallegos Extension	
VT	191-56	-147	106976.84	13918.27		250	562.33		2650	3.69		Gibson Pass	

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.

R	REISSUED a Employee's social security number						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						
ST	<b>TATEMENT</b>	5.	53-74-6457	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>b</b> Employ	b Employer identification number					1 Wages, tips, other compensation				2 Federal income tax withheld			
12-6726820					231767.65				77530.71				
c Employ	c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Patterson, Martinez and Jennings Group					294795.2				22551.83				
5351 Kelly Squares Apt. 231 Carolynton CA 81659-7234					5 Medicare wages and tips				6 Medicare tax withheld				
					296531.81				8599.42				
					7 Social security tips				8 Allocated tips				
					294795.2				296531.81				
<b>d</b> Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits				
	1089934									134			
e Employ	e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12			
					140				6318				
	Linda Rodriguez					13 Statutory Retirement Third-party				12b			
3775 Donna Roads Apt. 933					employee plan sick pay				715				
	Anthonymouth VA 19333-7576					14 Other (see enclosed Notice to Employee)			120				
									126				
								771					
									12d	i			
						<u> </u>			E	201			
f Employ	f Employee's address and ZIP code												
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax		18 Local wa	ges, tips, etc.	19	Local income tax	1	20 Locality name		
FL	803-65	5-604	120379.92	10047.19		20486	5.44	38	975.04		Gallegos Extension		
VT	191-56	5-147	106976.84	13918.27		250562	2.33	26	503.69		Gibson Pass		

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

