REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website						
STATEMENT 533-78-7697	OMB No. 1545-0	0008 FAST! Use	at www	v.irs.gov/efile.				
b Employer identification number	1	Wages, tips, other compensation	2 Federal income	tax withheld				
26-4551997		249708.8	75237.34	75237.34				
c Employer's name, address, and ZIP code	3	Social security wages	4 Social security to	4 Social security tax withheld				
Rodriguez Inc Group		272537.34	20849.11	20849.11				
297 Mcdonald Track	5	Medicare wages and tips	6 Medicare tax wit					
Codyhaven MD 68743-8329		229153.0		6645.44				
		Social security tips	·	8 Allocated tips				
		272537.34	229	229153.0				
d Control number		9 Advance EIC payment 10 Dependent care benefits						
9417234			238	238				
e Employee's first name and initial Last name		Nonqualified plans	12a See instruction	12a See instructions for box 12				
Anthony Turner		250	н 343	н 3430				
		tutory Retirement Third-party	12b					
77520 Martinez Center		oloyee plan sick pay	678					
West Micheal WY 03399-6355		Other (see enclosed Notice to Employ	/ee) 12c					
			D 499					
			12d	12d				
			D 225					
f Employee's address and ZIP code								
15 State Employer's state ID number 16 State wages, tips, etc. 17 S	State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name				
CO 788-46-315 115991.84 44	46.46	304324.58	32677.44	Pam Oval				
AK 559-12-097 117216.81 67	90.68	254255.05	37729.06	Francis Radial				

Wage and Tax

Form W-2 Statement

5010

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.

REIS	SSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required									
STAT	EMENT	53	33-78-7697	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 ide	b Employer identification number				1	Nages, tips,	other compe	nsation		2 Federal income tax withheld				
26-4551997			249708.8					75237.34						
c Employer's name, address, and ZIP code			3 Social security wages				4 Social security tax withheld							
Rodriguez Inc Group			272537.34				20849.11							
297 Mcdonald Track Codyhaven MD 68743-8329			5 Medicare wages and tips				6 Medicare tax withheld							
			229153.0					6645.44						
			7 Social security tips					8 Allocated tips						
				272537.34					229153.0					
d Control number			9 Advance EIC payment				10 Dependent care benefits							
9417234										238				
e Employee's first name and initial Last name		11 Nonqualified plans				12a See instructions for box 12								
			250				н 3430							
Anthony Turner		13 Stat		Retirement	Third-party		12b							
77520 Martinez Center			emp		X	sick pay				678				
		14			o to Employ	(00)	12c		0,0					
West Micheal WY 03399-6355		1.4	Other (366 61	iciosea ivoli	e to Employ	,66)	120							
								D	499					
							12d							
								D	225					
f Employee's a	address and ZIP cod	de							-					
15 State Er	mployer's state ID no	umber	16 State wages, tips, etc.	17 State income tax		18 Local v	vages, tips, e	etc.	19 L	ocal inc	ome tax		20 Local	ity name
со	788-46	5-315	115991.84	4446.46		30432	24.58		32	677	. 44		Pam	Oval
AK	559-12	2-097	117216.81	6790.68		25425	55.05		37	729	.06		Franci	s Radial

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

