REISSUED a Employee's social security number	Safe, Accurate,	Visit the IRS Website			
STATEMENT 871-08-6302	OMB No. 1545-0008	at www.irs.gov/efile.			
b Employer identification number	 Wages, tips, other compensation 	2 Federal income tax withheld			
53-0744211	201187.72	35577.77			
c Employer's name, address, and ZIP code	3 Social security wages	4 Social security tax withheld			
Reed, Martinez and Barnett and Sons	219050.39	16757.35			
3848 Wong Plaza	5 Medicare wages and tips	6 Medicare tax withheld			
Beckyland AR 49619-2395	175911.17	5101.42 8 Allocated tips			
Deckyland AR 49019-2393	7 Social security tips				
	219050.39	175911.17			
d Control number	9 Advance EIC payment	10 Dependent care benefits			
2575480		154			
e Employee's first name and initial Last name	11 Nonqualified plans	12a See instructions for box 12			
Ohalasa Tanas	280	G 8586			
Chelsey Jones	13 Statutory Retirement Third-party	12b			
057 Ferguson Rapids Apt. 932	employee plan sick pay	P 945			
North Michaelmouth IL 65677-	14 Other (see enclosed Notice to Employee)	12c			
		832			
		12d			
		845			
f Employee's address and ZIP code		1010			
15 State Employer's state ID number 16 State wages, tips, etc. 17 State in	ncome tax 18 Local wages, tips, etc. 19	Local income tax 20 Locality name			
CT 027-89-546 107696.1 6760	. 94 175790 . 67 2	6743.99 Kristen Haven			
NC 507-98-289 100615.9 5130	. 63 161772.98 3	7807.98 Casey Skyway			

Wage and Tax

This information is being furnished to the Internal Revenue Service.

5070 **Statement** Form W-2 Copy B--To Be Filed with Employee's FEDERAL Tax Return

Department of the Treasury--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	TEMENT	87	71-08-6302	OME	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 \	1 Wages, tips, other compensation				Federal income tax withheld			
53-0744211					201187.72			35577.77				
c Employer's name, address, and ZIP code				3 3	3 Social security wages			4 Social security tax withheld				
Reed, Martinez and Barnett and Sons					219050.39			16757.35				
3848 Wong Plaza					5 1	5 Medicare wages and tips				6 Medicare tax withheld		
Beckyland AR 49619-2395				175911.17				5101.42				
					7 Social security tips				8 Allocated tips			
					219050.39				175911.17			
d Control nun	d Control number			9 /	9 Advance EIC payment			10 Dependent care benefits				
2575480							154					
e Employee's first name and initial Last name			11 1	11 Nonqualified plans			12a See instructions for box 12					
Chelsey Jones 057 Ferguson Rapids Apt. 932				280			G 8586					
				13 Statutory Retirement Third-party								
			emp	employee plan sick pay 14 Other (see enclosed Notice to Employee)			P 945					
			14 (12c	7 - 0				
North Michaelmouth IL 65677-							' '					
			832									
									12d	l		
							845					
	s address and ZIP cod										_	
15 State E	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income to	ax	18 Local wages, tips, etc. 19		19 Lo	Local income tax		20 Locality name	
СТ	027-89	9-546	107696.1	6760.94		175790.67 26		267	26743.99		Kristen Haven	
NC	507-98	3-289	100615.9	5130.63		161772.	98	378	807.98		Casey Skyway	

Wage and Tax

Statement Form W-2 Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

