R	REISSUED	a Employee's socia	•			S	afe, Accurat	e,	-2 H		Visit the	IRS Website			
ST	<b>TATEMENT</b>	79	5-93-2670	OMB	No. 1545-00	008 <b>F</b>	AST! Use		1	6	at www.i	rs.gov/efile.			
b Employer identification number					1 V	1 Wages, tips, other compensation				2 Federal income tax withheld					
	21-4678065		79076.89					11214.26							
c Emplo	yer's name, address, and 2	3 8	3 Social security wages					4 Social security tax withheld							
Munoz, Flores and Austin and Sons						76485.71				5851.16					
39036 Walker Ramp Warrenville VT 71402-3041						5 Medicare wages and tips				6 Medicare tax withheld					
						86127.7				2497.7					
						7 Social security tips				8 Allocated tips					
						76485.71					86127.7				
d Control number						9 Advance EIC payment					10 Dependent care benefits				
	8325211										236				
e Employee's first name and initial Last name					11 N	11 Nonqualified plans					12a See instructions for box 12				
						165				5580					
Sarah Mcdaniel 188 Kendra Inlet Lake Lawrenceport IN 09507-6391						13 Statutory Retirement Third-party employee plan sick pay					12b				
						X State Poy Stat				н	420				
										12c					
										E	196				
f Employee's address and ZIP code										12d					
											586				
											300				
15 State					x	18 Local w	ages, tips, etc.	19	Local inc	ome tax		20 Locality name			
MS	426-97	-962	43424.41	3685.54		60860.54		12	12889.65			Michelle Stravenue			
G.D.	100 70	670	20204 00	0010 71		0.671.0	. 00		1001	10					
SD	192-73	-6/8	39204.08	2812.71		86712	.98	1.	L081	. ⊥3		Lee Tunnel			

Wage and Tax Statement

Form W-2

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.

RE	EISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required										
STA	ATEMENT	79	95-93-2670	OMB I	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> Employe	1 \	,					Federa	l income tax	withheld						
21-4678065						79076.89				11214.26					
<b>c</b> Employe	3 8	3 Social security wages					4 Social security tax withheld								
Munoz, Flores and Austin and Sons 39036 Walker Ramp Warrenville VT 71402-3041						76485.71					5851.16				
						5 Medicare wages and tips					6 Medicare tax withheld				
						86127.7				2497.7					
						7 Social security tips				8 Allocated tips					
						76485.71				86127.7					
d Control number						9 Advance EIC payment				10 Dependent care benefits					
8325211											236				
e Employe	e Employee's first name and initial Last name						11 Nonqualified plans				12a See instructions for box 12				
Sarah Mcdaniel 188 Kendra Inlet						165					5580				
						13 Statutory Retirement Third-party					12b				
						employee plan sick pay				н 420					
					14 Other (see enclosed Notice to Employee)				(00)						
Lake Lawrenceport IN 09507-6391						14 Outer (see enclosed Notice to Employee)									
					ļ					E 196					
										12d		1			
											586				
f Employee's address and ZIP code													•		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		1				9 Local income tax			20 Locality name		
MS	426-97	7-962	43424.41	3685.54		60860.54 1		12	L2889.65			Michelle Stravenue			
SD	192-73	3-678	39204.08	2812.71		86712	2.98		11	081	.13		Lee Tunnel		

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

