REISSUED a Employee's social security number		Safe, Accura	te,		Visit the IRS Website		
STATEMENT 522-31-6986	OMB No. 1545-	0008 FAST! Use		≁file >	at www.irs.gov/efile.		
b Employer identification number	1	Wages, tips, other compensa	tion	2 Federal	income tax withheld		
54-4384424		171119.21		60788.99			
c Employer's name, address, and ZIP code	3	Social security wages		4 Social security tax withheld			
Cruz Inc Ltd		181532.6		13887.24			
590 Pamela Orchard Apt. 157	5	Medicare wages and tips		6 Medicare tax withheld			
East James KY 35598-3671		214767.1		6228.25			
1450 Junes 111 33330 3071	7	Social security tips		8 Allocated tips			
	9	181532.6		214767.1			
d Control number		Advance EIC payment		10 Depend	lent care benefits		
8806179	11			182			
e Employee's first name and initial Last name		Nonqualified plans		12a See instructions for box 12			
Morgan Reyes		236		6250			
			hird-party ick pay	12b	1		
688 Garcia Fort Suite 446	en	nployee plan si	ск рау	D	534		
East Madeline OH 72246-2645		Other (see enclosed Notice to	Employee)	12c	Ì		
				D	615		
				12d			
					576		
f Employee's address and ZIP code							
, , , , , , , , , , , , , , , , , , , ,	State income tax	18 Local wages, tips, etc.		_ocal income tax	20 Locality name		
ID 668-19-913 79408.38 40	86.43	188761.25	22	572.95	Mills Station		
AR 136-35-675 82948.1 38	68.33	145365.91	31	576.17	Amy Roads		

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 Emplo	oyee'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							
	TATEMENT	522-31-6986	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.							
b Employ	yer identification number	dentification number			1 Wages, tips, other compensation			Federal income tax withheld			
	54-4384424			171119.21			60788.99				
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld					
Cruz Inc Ltd			181532.6			13887.24					
590 Pamela Orchard Apt. 157 East James KY 35598-3671			5 Medicare wages and tips 214767.1			6 Medicare tax withheld 6228.25					
										7 Social security tips	
								181532.6			2147
d Contro	ol number			9 A	dvance EIC payment		10 Depend	dent care b	enefits		
	8806179							182			
e Emplo	e Employee's first name and initial Last name		11 Nonqualified plans			12a See instructions for box 12					
Morgan Reyes			236 13 Statutory Retirement Third-party			6250					
_			employee plan sick pay								
688 Garcia Fort Suite 446						D 534					
East Madeline OH 72246-2645			14 (Other (see enclosed Notice to Employ	/ee)	12c	I				
						D	615				
							12d				
							576				
	yee's address and ZIP code	140 0000 0000	147 000000000000000000000000000000000000		140 1 (5	140			100 1		
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local income tax		20 Locali	ty name	
ID	668-19-913	79408.38	4086.43		188761.25	22	572.95		Mills	Station	
AR	136-35-675	82948.1	3868.33		145365.91	31	576.17		Amy :	Roads	

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

