REISSUED	a Employee's soci	•			Safe	, Accurate,	Re	ile)	Visit the	IRS Websi	te	
STATEMENT	04	19-41-8811	OMB N	o. 1545-0	008 FAS	T! Use	<i>G</i>	IIE	at www.i	rs.gov/efile.		
b Employer identification number				1	1 Wages, tips, other compensation				2 Federal income tax withheld			
80-6317909					196640.05				37293.22			
c Employer's name, address, a	nd ZIP code			3 Social security wages				4 Social security tax withheld				
Hanson, Perez and Lloyd Inc					195203.57				14933.07			
3660 Dana Vista Suite 595				5 Medicare wages and tips				6 Medicare tax withheld				
Gilbertfort WI 92588-9534				183363.01				5317.53				
GIIDeltio	Gilbertfort WI 92588-9534				7 Social security tips				8 Allocated tips			
				195203.57				183363.01				
d Control number				9 Advance EIC payment			10	10 Dependent care benefits				
7984697								201				
e Employee's first name and initial Last name				11 Nonqualified plans			12:	12a See instructions for box 12				
Michael Tate				276				н 6829				
				13 Statutory Retirement Third-party employee plan sick pay			y 12 i)				
3160 Aaron Track				emp	oloyee plan	sick pay			694			
Gonzalesside NY 22350-9623				14 Other (see enclosed Notice to Employee)				;	1			
								E	247			
							120	12d				
								G	978			
f Employee's address and ZIP	code								1			
15 State Employer's state ID	number	16 State wages, tips, etc.	17 State income tax		18 Local wage:	s, tips, etc.	19 Local	income ta	x	20 Locality	name	
WI 741-1	0-693	100760.32	9015.26		142272	14	3086	0.13		Jordan	Street	
AK 783-4	15-602	101171.56	12268.58		229767	. 95	2884	2.57		Sweeney 1	Highway	

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.

F	REISSUED	a Employee's soci	al 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						
S	TATEMENT	04	49-41-8811	OMB N	OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be imposed on you in this income is taxable and you fail to report it.						
b Emplo	yer identification number	•			Wages, tips, other compensation			2 Federal income tax withheld			
80-6317909				196640.05			37293.22				
c Emplo	yer's name, address, and	ZIP code			3 Social security wages			4 Social security tax withheld			
Hanson, Perez and Lloyd Inc				195203.57			14933.07				
3660 Dana Vista Suite 595				5 Medicare wages and tips			6 Medicare tax withheld				
Gilbertfort WI 92588-9534				183363.01			5317.53				
				7 Social security tips			8 Allocated tips				
					195203.57			183363.01			
d Contro	d Control number				9 Advance EIC payment			10 Dependent care benefits			
	7984697							201			
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
				276			н 6829				
	Michael Tate				13 Sta			12b			
3160 Aaron Track				employee plan sick pay				694			
	Gonzalesside NY 22350-9623					14 Other (see enclosed Notice to Employee)			1		
	CONZULESSING NI ZZSSO 30ZS							E	247		
								12d			
								~	070		
							G 978				
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax					18 Local wages, tips, etc.	19 I	ocal income tax		20 Locality name		
WI	741-10		100760.32	9015.26		142272.14		860.13		,	
MT	/41-1(J-033	100/00.32	3013.20		1422/2.14	30	000.13		Jordan Street	
AK	783-45	5-602	101171.56	12268.58		229767.95	28	842.57		Sweeney Highway	

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

