REISSUED a Empl	REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website				
STATEMENT	310-87-3908	OMB No. 1545-	OMB No. 1545-0008 FAST! Use at www.irs.gov/efile				
<b>b</b> Employer identification number		1	Wages, tips, other compensation	2 Federal inc	ome tax withheld		
05-8532146			215809.83	54366.	54366.7		
c Employer's name, address, and ZIP code		3	Social security wages	4 Social secu	4 Social security tax withheld		
Reid-Espinoza Ltd			167342.42		12801.7		
319 Miguel Ramp			Medicare wages and tips		4537.05		
South Samanthamouth NY 04244-6308			156449.98				
			Social security tips		8 Allocated tips		
			167342.42		156449.98		
d Control number			9 Advance EIC payment 10 Dependent care benefits				
3174852				2.	251		
e Employee's first name and initial Last name			11 Nonqualified plans 12a See instructions for box 12				
David Hamilton			286		1476		
David Hami	iton	13 Sta		12b			
767 Sabrina Alley			ployee plan sick pay	н 3	н 338		
Catherinefort DE 29737-9210			Other (see enclosed Notice to Emplo	yee) 12c			
				7	06		
				12d	12d		
				D 5	78		
f Employee's address and ZIP code							
15 State Employer's state ID number	16 State wages, tips, etc. 17 Sta	e income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
ND 399-41-076	5 111843.37 481	7.43	274357.61	29193.99	Adams Brook		
DE 492-86-285	5 107936.71 555	2.26	258658.2	24836.08	Williams Shoal		

Wage and Tax Statement

5010

Department of the Treasury--Internal Revenue Service

Form W-2 Statement
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.

REISSUED	a Employee's socia	a Employee's social security number  This information is being furnished to the Internal Revenue Service. If ye									
STATEMENT	_	LO-87-3908	OM	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.					ı you if		
<b>b</b> Employer identification number				1 V	Wages, tips, other compensation			2 Federal income tax withheld			
05-8532146					215809.83			54366.7			
c Employer's name, address, and ZIP code				3 8	3 Social security wages			4 Social security tax withheld			
Reid-Espinoza Ltd					167342.42			12801.7			
319 Miguel Ramp			5 N	5 Medicare wages and tips			Medicare tax withheld				
South Samanthamouth NY 04244-6308				156449.98			4537.05				
South Samanthamouth N1 04244-6506				7 8	7 Social security tips			8 Allocated tips			
				167342.42			156449.98				
d Control number			9 A	9 Advance EIC payment			10 Dependent care benefits				
3174852								251			
e Employee's first name and initial Last name			11 N	11 Nonqualified plans 12a See instructions for bo			for box 12				
David Hamilton			42 Statu	286  13 Statutory Retirement Third-party			1476				
			empl		12	D	I				
767 Sabrina Alley				x H 33			338	38			
Catherinefort DE 29737-9210			14 (	Other (see enclosed Notice to Employ	ee) 12	С	i				
Gatherinerore Di 23737 3210							706				
					12	d					
							D	578			
f Employee's address and ZIP of	nde							10.0			
15 State Employer's state ID		16 State wages, tips, etc.	17 State income t	tax	18 Local wages, tips, etc.	19 Local	l income tax		20 Locality	name	
ND 399-4	1-076	111843.37	4817.43		274357.61	2919	3.99		Adams	Brook	
									†		
DE 492-8	6-285	107936.71	5552.26		258658.2	2483	6.08		William	s Shoal	

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

