REISSUE	D a Employee's soci	ial security number			Safe	e, Accurate,		fle)	Visit the	IRS Website	
STATEME	NT 8	22-32-0959	OMB N	o. 1545-0	008 FAS	T! Use	G~	ШĖ	at www.i	rs.gov/efile.	
b Employer identification number				1 Wages, tips, other compensation				Federal income tax withheld			
64-8754286				237390.31				32852.29			
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld			
Rivera-Brown LLC				228636.23				17490.67			
10283 Darryl Shoals				5 Medicare wages and tips				6 Medicare tax withheld			
South Sarahbury MN 61085-1912				265480.45				7698.93			
				7 Social security tips				8 Allocated tips			
				228636.23				265480.45			
d Control number				9 Advance EIC payment			10	10 Dependent care benefits			
3776271								174			
e Employee's first nam	e and initial Last nam	ne	•	11	Nonqualified plan	S	12	a See in	structions	for box 12	
			177				н 4263				
Corey Fox				13 Statutory Retirement Third-party employee plan sick pay				b	1		
62637 Shelley Circles Apt. 175				sick pay				Н	н 864		
Davidville HI 47959-3522				14	Other (see enclose	ed Notice to Emplo	yee) 12	C	ı		
								G	G 431		
							12	12d			
								н	540		
f Employee's address											
	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	
DE 3	20-52-705	110629.25	5259.26		210241	.13	2457	8.84		Stanley Haven	
IN 3	28-38-826	125736.76	5444.05		222359	. 71	3891	1.54		John Fields	

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.

R	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
	TATEMENT	8:	22-32-0959	OMB N	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 Employ	yer identification number			•	Wages, tips, other compensation			2 Federal income tax withheld			
64-8754286				237390.31			32852.29				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Rivera-Brown LLC				228636.23			17490.67				
10283 Darryl Shoals South Sarahbury MN 61085-1912				5 Medicare wages and tips			6 Medicare tax withheld				
				265480.45			7698.93				
				7 Social security tips			8 Allocated tips				
				228636.23			265480.45				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
	3776271				<u> </u>			174			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Corey Fox				177			н 4263				
				13 Statu			12b				
62637 Shelley Circles Apt. 175				emp	oyee plan sick pay		н	864			
Davidville HI 47959-3522				14 Other (see enclosed Notice to Employee)			12c				
								1			
							G 431				
							12d	1			
							н 540				
f Employee's address and ZIP code											
15 State	Employer's state ID nu	ımber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 19		_ocal income ta	20 Locality name		
DE	320-52	2-705	110629.25	5259.26		210241.13		24578.84		Stanley Haven	
IN	328-38	3-826	125736.76	5444.05		222359.71	38	911.54		John Fields	

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

