| REISSU | , | ocial security number | | | Safe, | Accurate, | 20.0 | .∠GH | | Visit the | IRS Webs | ite | |
|---|-------------------------|----------------------------|---------------------|--|-----------------------------------|------------|------|---------------------------------|-------------------------------|-------------|--------------|-------|--|
| STATEN | ENT | 830-84-7763 | OMB N | o. 1545-00 | 008 FAST | Use | U | 7 111 | E | at www.ii | rs.gov/efile | ١. | |
| b Employer identification number | | | | 1 V | 1 Wages, tips, other compensation | | | | 2 Federal income tax withheld | | | | |
| 24-1 | 784519 | | | 119652.08 | | | | 22409.92 | | | | | |
| c Employer's name | , address, and ZIP code | | | 3 Social security wages | | | | 4 Social security tax withheld | | | | | |
| Santiago, Allen and Mcdaniel Group | | | | 83987.94 | | | | 6425.08 | | | | | |
| 9415 Burton Ranch Suite 172 | | | | 5 Medicare wages and tips | | | | 6 Medicare tax withheld | | | | | |
| North Jason NY 69094-0864 | | | | 100615.28 | | | | 2917.84 | | | | | |
| NOTCH Jason NI 69094-0664 | | | | 7 Social security tips | | | | 8 Allocated tips | | | | | |
| | | | | 83987.94 | | | | 100615.28 | | | | | |
| d Control number | | | | 9 A | dvance EIC payme | ent | | 10 | • | ent care be | enefits | | |
| 4014215 | | | | 2 | | | | | 282 | | | | |
| e Employee's first name and initial Last name | | | | 11 Nonqualified plans | | | | 12a See instructions for box 12 | | | | | |
| Antonio Medina | | | | 235 | | | | P 6499 | | | | | |
| | | | | 13 Statutory Retirement Third-party employee plan sick pay | | | | 12b | ĺ | | | | |
| 8824 Clark Field | | | | X | Jec plan | SICK Pay | | | | 352 | | | |
| Maloneshire MO 98217-6034 | | | | Other (see enclosed Notice to Employee) | | | 12c | i I | | | | | |
| | | | | | | | | н | 323 | | | | |
| | | | 12d | | | | | | | | | | |
| | | | | | | | | | G | 505 | | | |
| f Employee's addre | ess and ZIP code | | | | | | İ | | | | | | |
| 15 State Emplo | er's state ID number | 16 State wages, tips, etc. | 17 State income tax | • | 18 Local wages, | tips, etc. | 19 L | ocal inco | ome tax | | 20 Locality | name | |
| IL | 399-76-751 | 54878.12 | 5302.21 | | 86887.71 1 | | 13 | 3441.4 | | | Pitts | Forge | |
| OK | 724-82-556 | 64257.55 | 5317.07 | | 96336.29 | | 12 | 12195.45 | | | Michael | Rapid | |

Wage and Tax
Statement

5070

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.

| 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 | 83 | 30-84-7763 | 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 Emplo | b Employer identification number | | | | 1 Wages, tips, other compensation | | | | Federal income tax withheld | | | | |
| 24-1784519 | | | | | 119652.08 | | | 22409.92 | | | | | |
| c Emplo | c Employer's name, address, and ZIP code | | | | | 3 Social security wages | | | 4 Social security tax withheld | | | | |
| Santiago, Allen and Mcdaniel Group | | | | | 83987.94 | | | 6425.08 | | | | | |
| 9415 Burton Ranch Suite 172 | | | | 5 Medicare wages and tips | | | | 6 Medicare tax withheld | | | | | |
| North Jason NY 69094-0864 | | | | | | | | 2917.84 | | | | | |
| | | | | | | | | 8 Allocated tips | | | | | |
| | | | | | 83987.94 | | | | 100615.28 | | | | |
| d Control number | | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | | |
| | 4014215 | | | | | | | | | 282 | | | |
| e Employee's first name and initial Last name | | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | | | |
| Antonio Medina | | | | | 235 13 Statutory Retirement Third-party | | | | P 6499 | | | | |
| 8824 Clark Field Maloneshire MO 98217-6034 | | | | | employee plan sick pay 14 Other (see enclosed Notice to Employee) | | | 120 | | 0-0 | | | |
| | | | | | | | | 352 | | | | | |
| | | | | | | | | 12c | | ı | | | |
| | | | | | | | | н | 323 | | | | |
| | | | | | | | 12d | | | | | | |
| | | | | | | | | | G | 505 | | | |
| f Employee's address and ZIP code 15 State | | | | | 140 1 | 140 1 | 12 | | | 00.1 | | | |
| 15 State | Employer's state ID n | | 16 State wages, tips, etc. | | | 1.5 = 2.5 | | 9 Local income tax | | | 20 Locality | | |
| IL | 399-76 | 0-751 | 54878.12 | 5302.21 | | 86887.71 | 13 | 441 | . 4 | | Pitts | Forge | |
| ок | 724-82 | 2-556 | 64257.55 | 5317.07 | | 96336.29 | 12 | 195 | . 45 | | Michael | Rapid | |

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

