REISSUED a Employee's social security number		Sa	fe, Accurate,		Visit the IRS Website		
<b>STATEMENT</b> 501-11-6710	OMB N	o. 1545-0008 <b>FA</b>	ST! Use	e file	at www.irs.gov/efile.		
b Employer identification number	<ol> <li>Wages, tips, oth</li> </ol>	ner compensation	2 Fede	Federal income tax withheld			
54-6463297	136578	3.06	260	26040.33			
c Employer's name, address, and ZIP code	3 Social security v	vages	4 Soci	4 Social security tax withheld			
Lane, Richardson and Nichols G	95918	. 37	733	7337.76			
06885 Matthew Walks	5 Medicare wage:	and tips	6 Medi	• modicaro tax mumora			
Dannisham DE 42501 1001	17656			5120.42			
Dennistown DE 43581-1081	7 Social security t	•	8 Alloc				
	95918			176566.18			
d Control number	9 Advance EIC pa	ayment	<b>10</b> Depe				
5063584				103			
e Employee's first name and initial Last name	11 Nonqualified pla	ins	12a See	12a See instructions for box 12			
_ , _ ,	113		н	н 2078			
Joshua Acevedo		rement Third-party	12b	1			
0376 Wright Plains	employee plar		P	508			
Lake Samanthaborough SD 32	14 Other (see encl	osed Notice to Emplo	oyee) 12c				
				530			
			12d	12d			
					744		
f Employee's address and ZIP code					/11		
15 State Employer's state ID number 16 State wages, tips, e	etc. 17 State income tax	18 Local wa	ges, tips, etc.	19 Local income	tax 20 Locality name		
MT 290-39-861 64692.21	4900.16	119553	3.81	27125.7	Duffy Harbors		
DC 156-74-923 66000.44	4088.56	117410	).41	18093.5	6 Williams Coves		

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 socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
S	TATEMENT	50	01-11-6710	OMB	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>b</b> Employer identification number				1	Wages, tips, other compensation			2 Federal income tax withheld			
54-6463297					136578.06			26040.33			
c Employer's name, address, and ZIP code				3	3 Social security wages			4 Social security tax withheld			
Lane, Richardson and Nichols Group						95918.37			7337.76		
06885 Matthew Walks				5	5 Medicare wages and tips			6 Medicare tax withheld			
Dennistown DE 43581-1081					176566.18			5120.42			
				7	7 Social security tips			8 Allocated tips			
						95918.37			176566.18		
d Control number				9	9 Advance EIC payment			10 Dependent care benefits			
5063584									103		
e Emplo	e Employee's first name and initial Last name			11	11 Nonqualified plans			12a See instructions for box 12			
Joshua Acevedo				113			н 2078				
				13 Statutory Retirement Third-party employee plan sick pay			12b	1			
0376 Wright Plains				X			P	P 508			
Lake Samanthaborough SD 32821-4730				14	14 Other (see enclosed Notice to Employee)			12c	1		
Hane bamanenaboroagn bb 32021 4730							530				
							12d				
								744			
	oyee's address and ZIP coo		Transition in the second	T.= -		T					T
15 State			16 State wages, tips, etc.	17 State income ta	(	18 Local wages, tips,	etc.		ocal income tax		20 Locality name
MT	290-39	9-861	64692.21	4900.16		119553.81 2		27:	27125.75		Duffy Harbors
DC	156-74	1-923	66000.44	4088.56		117410.41		180	093.56		Williams Coves

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

