REISSUED a Employee	's social security number		Safe, Accurate,					Visit the	IRS Webs	ite		
STATEMENT	750-11-9369	OMB N	o. 1545-00	008 FAST! Us	e		le	at www.i	rs.gov/efile	Э.		
b Employer identification number				1 Wages, tips, other compensation			2 Federal income tax withheld					
33-3248185				116510.03				15797.32				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld					
Castillo-Torres Ltd				138779.26			10616.61					
988 Robert Gardens Apt. 145 Lake Dean OK 85502-1590			5 Medicare wages and tips			6						
			108619.68				3149.97					
Lake Dean Ok 65502-1590				7 Social security tips			8 Allocated tips					
				138779.26			108619.68					
d Control number			9 /	Advance EIC payment		10	Depend	dent care be	enefits			
8956572								244				
e Employee's first name and initial Last name			11 Nonqualified plans 12a See instructions for b					for box 12				
David Nixon			148				н 8971					
			13 Statutory Retirement Third-party employee plan sick pay			12b		1				
0963 Perez Rue Suite 674				x Society			G 770					
Lake Travisstad WY 46153-7808			Other (see enclosed Notice to Employee)			e) 12c		i				
							585					
						12d						
							P	529				
f Employee's address and ZIP code								323				
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, e	tc. 1	19 Local in	come tax	(20 Localit	y name		
WI 067-71-135	52792.18	3454.64		145457.94	1	18369	.29		Lewis	Curve		
KY 041-93-191	60267.24	4467.73		124923.73	2	21148	.19		Gray	Road		

Wage and Tax

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							
S	TATEMENT	7.	50-11-9369	OMB No	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				Wages, tips, other compensation			Federal income tax withheld				
33-3248185				116510.03			15797.32					
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Castillo-Torres Ltd					138779.26			10616.61				
988 Robert Gardens Apt. 145 Lake Dean OK 85502-1590				5 Medicare wages and tips			6 Medicare tax withheld					
					108619.68		3149.97					
Have Death Ov 00002-1090					7	Social security tips	8 Allocated tips					
					138779.26	108619.68						
d Control number				9 Advance EIC payment			10 Dependent care benefits					
8956572							244					
e Employee's first name and initial Last name			11 Nonqualified plans 12a See instruction				tructions	for box 12				
			148			н 8971						
David Nixon				13 State		12b						
0963 Perez Rue Suite 674				employee plan sick pay			G 770					
Lake Travisstad WY 46153-7808				14 (Other (see enclosed Notice to Employ	ee)	12c					
Lake Travissiad Wi 40155-7006			1			585						
						-	12d					
						P	529					
f Familia	oyee's address and ZIP cod	1_					-		329			
15 State			16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	_ocal income tax		20 Localit	y name	
WI	067-71	-135	52792.18	3454.64		145457.94 18		369.29	Lewis	Curve		
										†		
KY	041-93	3-191	60267.24	4467.73		124923.73 21		148.19	Gray	Road		

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

