REISSUED	a Employee's socia	al security number			Safe	Accurate,	RS O	Ha	Visit the	IRS Website		
STATEMENT	04	10-37-6452	OMB N	lo. 1545-0	008 FAS	Γ! Use		file	at www.i	rs.gov/efile.		
b Employer identification number				1 '	1 Wages, tips, other compensation				Federal income tax withheld			
95-4127022				235206.29				45999.56				
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld				
Gonzalez Ltd PLC				215897.69				16516.17				
989 Joseph Isle Apt. 306				5 Medicare wages and tips				6 Medicare tax withheld				
New Ericville MI 58444-9531				225445.35				6537.92				
				7 Social security tips				8 Allocated tips				
				215897.69				225445.35				
d Control number				9 Advance EIC payment			10	10 Dependent care benefits				
535834									197			
e Employee's first name and initial Last name				11 Nonqualified plans			12	12a See instructions for box 12				
Tim Harris				258				D 8419				
				13 Statutory Retirement Third-party employee plan sick pay				12b				
300 Davis Brooks Suite 792				emp	x Succession			G 873				
North Michael DE 45199-2272				14 Other (see enclosed Notice to Employee)				С	l			
									554			
								12d				
								E	887			
f Employee's address and ZIP	code								1			
15 State Employer's state ID		16 State wages, tips, etc.	17 State income tax	•	18 Local wages	s, tips, etc.	19 Loca	l income ta	х	20 Locality name		
AL 662-	78-648	113819.51	6980.57		254136	02	3269	7.05		Phillips Glen		
KY 364-9	90-527	110775.85	7483.27		231706.	23	2951	6.76		Jones Ridge		

Wage and Tax

Form W-2 Statement

5010

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	EISSUED	a Employee's socia	•		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							
ST	ATEMENT	04	40-37-6452	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.							
b Employ	b Employer identification number				1 Wages, tips, other compensation				Federal income tax withheld			
95-4127022					235206.29				45999.56			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Gonzalez Ltd PLC				215897.69				16516.17				
989 Joseph Isle Apt. 306				5 Medicare wages and tips				6 Medicare tax withheld				
New Ericville MI 58444-9531					225445.35				6537.92			
					7 Social security tips				8 Allocated tips			
					215897.69				225445.35			
d Control number				9 Advance EIC payment				10 Dependent care benefits				
535834										197		
e Employ	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
					258				D 8419			
-	Tim Harris					13 Statutory Retirement Third-party						
300 Davis Brooks Suite 792					employee plan sick pay				G	G 873		
North Michael DE 45199-2272					14	Other (see enclosed Notic	e to Employ	ee)	12c			
1.02011 1.201.402								G	5 554			
									12d			
									E	887		
f Employee's address and ZIP code										•		
15 State	Employer's state ID n		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, e	tc.		ocal income tax	(20 Locality name	
AL	662-78	3-648	113819.51	6980.57		254136.02 32		326	2697.05		Phillips Glen	
KY	364-90)-527	110775.85	7483.27		231706.23 29		295	516.76	Jones Ridge		

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

