REISSUED	a Employee's socia	security number 9–43–1356	OMB N	o. 1545-0	Safe, Ac	418	s e 1	file		IRS Websi		
STATEMENT	20	19-43-1330	OIVIB IV				_	0 F.J.		0		
b Employer identification number				1 Wages, tips, other compensation				2 Federal income tax withheld				
68-1911158				82761.46				25929.39				
c Employer's name, address, and	ZIP code			3 Social security wages				4 Social security tax withheld				
Vega PLC LLC				105840.46				8096.8				
604 Howard Plain				5 Medicare wages and tips				6 Medicare tax withheld				
Lake Lisa FL 71339-2895					63403.13				1838.69			
Lake Lisa FL /1339-2093				7 Social security tips				8 Allocated tips				
					105840.46			63403.13				
d Control number				9 Advance EIC payment			1	10 Dependent care benefits				
9299987									237			
e Employee's first name and initial Last name				11 Nonqualified plans			1	12a See instructions for box 12				
				174				6830				
Thomas Bautista				13 Statutory Retirement Third-party			1	I2b				
5355 Thornton Well					ployee plan	sick pay			863			
Lozanoview CA 03014-2546					Other (see enclosed No	tice to Employ	ree) 1	12c	ĺ			
								D	203			
							1	12d				
									212			
f Employee's address and ZIP coo	lo.											
15 State Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips	, etc.	19 Loc	al income ta	x	20 Locality	name	
ні 807-73		39822.83	3346.48		84978.65		152	94.9		Chase		
							 			†		
OK 454-81	287	44664.6	3087.05		96654.1 1		104	10420.24		Gilmore	e Mews	

Wage and Tax

5070 **Statement**

Department of the Treasury--Internal Revenue Service

Form W-2 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.

	REISSUED	a Employee's soc	ial security number		This information is being furnished to the Internal Revenue Service. If you are required						
	CLIOGOLD		09-43-1356	OMB N	OMP No. 1545 0008 to file a tax return, a negligence penalty or other sanction may be imposed on you if						
	TATEMENT yer identification number		09-43-1336	OWDIA	this income is taxable and you fail to report it.						
	*				1 V	Vages, tips, other compensation					
	68-1911158				82761.46			25929.39			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Vega PLC LLC				105840.46			8096.8				
604 Howard Plain Lake Lisa FL 71339-2895				5 Medicare wages and tips			6 Medicare tax withheld				
				63403.13			1838.69				
				7 Social security tips			8 Allocated tips				
				105840.46			63403.13				
d Contro	d Control number				9 Advance EIC payment			10 Dependent care benefits			
9299987							237				
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
				174			6830				
Thomas Bautista			13 Statutory Retirement Third-party			12b					
FOFF #1 4 ** 11				empl	pyee plan sick pay		-	0.00			
5355 Thornton Well								863			
Lozanoview CA 03014-2546				14 Other (see enclosed Notice to Employee)			12c				
							D	203			
								12d			
								212			
	yee's address and ZIP cod		T -	1						1	
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		10 2000 1000		9 Local income tax		20 Locality name	
HI	807-73	3-504	39822.83	3346.48		84978.65 1		15294.9		Chase River	
OK	454-81	287	44664.6	3087.05		96654.1		10420.24		Gilmore Mews	

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

