REISSUED	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Website							
STATEMEN	Г 6	93-97-6425	OMB N	o. 1545-00	FAST! Use		<b>~</b> 11	at	www.irs.gov/e	file.	
b Employer identification number				1 Wages, tips, other compensation			Federal income tax withheld				
10-2713188					79291.1			25974.51			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Calderon-Gomez Ltd					86607.05			6625.44			
994 Charles Alley				5 1	Medicare wages and tips	6 Medicare tax withheld					
_				87245.77				2530.13			
New Albert MS 79084-3392				7 Social security tips			8 Allocated tips				
				86607.05			87245.77				
d Control number					9 Advance EIC payment			10 Dependent care benefits			
7084949								105			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Grant Young				300			E 9199				
				13 Statu		12b					
07897 Lisa Pine Suite 693					oyee plan :	sick pay		9	33		
Port Danielle MS 47948-6821				14 (	Other (see enclosed Notice	to Employee)	12c				
FOIC Danielle MS 47940 0021								P 381			
							12d				
								_  _			
								G 1	74		
f Employee's address an	d ZIP code ate ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	10	Local inco	mo tay	20 1 00	ality name	
	2-91-203	39103.33			=	-	L426.			·	
AK 11	2-91-203	39103.33	4497.06		94081.62		L426.	<b>Z</b> I	Luca	s Shoal	
NE 76	5-77-653	39475.92	2814.48		92196.49	14	1803.	35	Josep	h Fields	

Wage and Tax

Form W-2 Statement

5070

Cut here. Keep lower portion for your records.

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.

RE	ISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
STA	TEMENT	69	93-97-6425	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>b</b> Employer	b Employer identification number				Wages, tips, other compensation			2 Federal income tax withheld			
10-2713188				79291.1			25974.51				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Calderon-Gomez Ltd				86607.05			6625.44				
994 Charles Alley New Albert MS 79084-3392				5 Medicare wages and tips			6 Medicare tax withheld				
				87245.77			2530.13				
				7 Social security tips			8 Allocated tips				
				86607.05			87245.77				
d Control number					9 Advance EIC payment			10 Dependent care benefits			
7084949								105			
e Employee	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
				300			E 9199				
Grant Young			13 Statu	tory Retirement Third-party		12b					
07897 Lisa Pine Suite 693				employee plan sick pay 933							
07037 HISA TIME BAILE 033				14 (	Other (see enclosed Notice to Employ	200	12c	755			
Po	Port Danielle MS 47948-6821				14 Other (see enclosed Notice to Employee)			120			
							P 381				
								12d	1		
				!			(	174			
f Employee	e's address and ZIP cod	le							,		
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	ocal incon	ne tax	20 Localit	y name
AK	112-91	203	39103.33	4497.06		94081.62	114	426.2	21	Lucas	Shoal
NE	765-77	-653	39475.92	2814.48		92196.49	148	803.3	35	Joseph	Fields

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

