R	REISSUED	a Employee's socia	ll security number				Safe, Accu	rate,			Visit the	IRS Web	site	
ST	TATEMENT	30	8-86-0031	OMB N	o. 1545-	8000	FAST! Use		√fi	9	at www.i	rs.gov/efil	e.	
b Employer identification number						1 Wages, tips, other compensation				2 Federal income tax withheld				
12-2324111						242813.62				44179.86				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld				
Vincent-Ortiz and Sons						207316.85				15859.74				
86985 Kline Lock Apt. 445 West Joeland SD 83968-7697					5 Medicare wages and tips				6					
					269117.02					7804.39				
					7 Social security tips				8	8 Allocated tips				
						207316.85				269117.02				
d Contro	ol number				9 Advance EIC payment				10	10 Dependent care benefits				
9085087										192				
e Employee's first name and initial Last name					11 Nonqualified plans			12a	12a See instructions for box 12					
					220				E 8963					
Alexander Kane					13 Statutory Retirement Third-party				12b					
326 Michael Skyway Apt. 803 Floresport IL 73439-2836						employee plan sick pay 14 Other (see enclosed Notice to Employee)				E	531			
											i i			
											986			
								12d	12d					
											605			
f Employ	vee's address and ZIP cod	۵									1000			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local	wages, tips, e	tc. 19	9 Local inc	ome tax	(20 Locali	ty name	
PA	703-05	-930	122527.82	10480.86		2812	26.62	3	9064	.89		Brown	Meadow	
NE	319-22	-439	116238.22	10233.11		1990	73.97	2	8729	.29		David	Center	

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 soc	•		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							
S	TATEMENT	3	08-86-0031	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.							
b Emplo	b Employer identification number					Wages, tips, other compensation	Federal income tax withheld					
	12-2324111					242813.62	44179.86					
c Emplo	c Employer's name, address, and ZIP code					Social security wages	4 Social security tax withheld					
Vincent-Ortiz and Sons 86985 Kline Lock Apt. 445						207316.85	15859.74					
					5	Medicare wages and tips	6 Medicare tax withheld 7804.39					
						269117.02						
	West Joeland SD 83968-7697					Social security tips	8 Allocated tips					
						207316.85	269117.02					
d Contro	d Control number					Advance EIC payment		10 Dependent care benefits				
	9085087								192			
e Emplo	e Employee's first name and initial Last name					Nonqualified plans	12a See instructions for box 12					
	Alexander Kane 326 Michael Skyway Apt. 803 Floresport IL 73439-2836					220 atutory Retirement Third-party	E 8963					
						employee plan sick pay			531			
								E				
						Other (see enclosed Notice to Employ	12c					
							986					
								12d	ī			
							605					
f Emplo 15 State	oyee's address and ZIP co		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	10	Local income tax		20		
	Employer's state ID n		9			9				20 Locality name		
PA	703-0	D-93U	122527.82	10480.86		281226.62	39	064.89		Brown Meadow		
NE	319-22	2-439	116238.22	10233.11		199073.97	28	729.29		David Center		

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

