REISSUED a	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Website									
STATEMENT	559-72-	6446	OMB No	. 1545-0	8000	FAST! Use		5~	ile)	at www.i	rs.gov/efile.		
b Employer identification number				1	Wages, tips,	other comper	nsation	2	Federa	Il income tax	withheld		
43-0085394				215334.32					29318.86				
c Employer's name, address, and ZIP	code			3 Social security wages				4	4 Social security tax withheld				
Harris-Rodriguez Inc				211223.59					16158.6				
637 Knapp View Suite 640 Elliottport WI 08646-4836				5 Medicare wages and tips				6	6 Medicare tax withheld				
				154635.01					4484.42				
				7 Social security tips				8	8 Allocated tips				
				211223.59					154635.01				
d Control number				9 Advance EIC payment 10 Dependent care bene					enefits				
4387165										157			
e Employee's first name and initial Last name				11 Nonqualified plans				12	12a See instructions for box 12				
Kathleen Lewis				279					5499				
				13 Statutory Retirement Third-party employee plan sick pay				12	b				
309 Erica Junction				em	bioyee	Dian	SICK Pay			364			
New Alyssa	MT 495	95-9264		14	Other (see e	nclosed Notic	e to Employe	e) 12	С	1			
New Alyssa Mi 49393 9204									E 288				
								12	12d				
									_	643			
									P	643			
f Employee's address and ZIP code 15 State Employer's state ID number	er 16 State w	ages, tips, etc.	7 State income tax		18 Local	wages, tips, e	tc	19 Local	income tax		20 Locality	name	
CA 023-20-			2700.95			03.03			7.99	•	Colleen		
023-20-	10922		.2700.95		2110	03.03		_ J1/	, , , , ,		correen	Tutet	
MN 176-47-	372 10937	1.93	1422.85		2159	66.07		2496	1.03		Edward	Shoal	

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.

F	REISSUED	a Employee's soci	•		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							
	TATEMENT	5	59-72-6446	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.							
b Emplo	b Employer identification number				1 \		Federal income tax withheld					
43-0085394						29318.86						
c Employer's name, address, and ZIP code					3 5	4 Social security tax withheld						
Harris-Rodriguez Inc						16158.6						
637 Knapp View Suite 640 Elliottport WI 08646-4836					5 Medicare wages and tips				6 Medicare tax withheld			
						4484.42						
					7 9	8 Allocated tips						
						154635.01						
d Contro	d Control number				9 Advance EIC payment			10 Dependent care benefits				
4387165										157		
e Employee's first name and initial Last name					11 1		12a See instructions for box 12					
Kathleen Lewis						5499						
	Kathleen Lewis					tory Retirement Third-party oyee plan sick pay		12b	i			
309 Erica Junction New Alyssa MT 49595-9264							364					
				14 Other (see enclosed Notice to Employee)				12c				
								E	288			
							Ì	12d				
								P	643			
	yee's address and ZIP cod	de										
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	ocal inco	me tax		20 Locality name	
CA	023-20)-927	109223.31	12700.95		277603.03	25	177.	99		Colleen Inlet	
MN	176-47	7-372	109371.93	11422.85		215966.07	24	961.	03		Edward Shoal	

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

