REISSUED	EISSUED a Employee's social security number			Safe, Accurate,				Visit the IRS Website				
STATEMENT	02	27-48-8805	OMB N	lo. 1545-0	008 FAST	Use	6	ile)	at www.i	rs.gov/efile.		
b Employer identification number				1 '	1 Wages, tips, other compensation				2 Federal income tax withheld			
51-8666992					182367.32				49345.36			
c Employer's name, address, ar	d ZIP code			3	3 Social security wages				4 Social security tax withheld			
Gutierrez-Callahan Inc					187482.4				14342.4			
271 Adam Drives Suite 029				5 Medicare wages and tips				6 Medicare tax withheld				
				235026.75				6815.78				
East Johnfurt NJ 41426-5529				7 Social security tips				8 Allocated tips				
					187482.4			235026.75				
d Control number				9 Advance EIC payment			10	10 Dependent care benefits				
9913320									257			
e Employee's first name and initial Last name				11 Nonqualified plans			12	12a See instructions for box 12				
Kim Robinson				242				E 1635				
				13 Statutory Retirement Third-party employee plan sick pay				b	1			
160 Jeffrey Rapids Apt. 296				employee plan sick pay				P	710			
North Christopherberg AL 05771-				14 Other (see enclosed Notice to Employee)				С				
									134			
							12	12d				
								G	G 814			
f Employee's address and ZIP of 15 State Employer's state ID		16 State wages, tips, etc.	17 State income tax	1	18 Local wages,	tine etc	10 1 003	income ta	~	20 Locality name		
, ,, , , , , , , , , , , , , , , , , , ,	3-243	92941.11	4038.13		156323.			4.47	^	,		
ша 693-4		J	4036.13		150323.	<u> </u>	3223	4.4/		Stein Causeway		
CA 292-4	9-574	97801.13	4809.44		173283.	13	3215	0.86		Schroeder Shoal		

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.

R	EISSUED	a Employee's socia	al security number		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	02	27-48-8805	OMB	OMB No. 1545-0008 to life 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 Employer identification number				1 \	1 Wages, tips, other compensation			2 Federal income tax withheld			
51-8666992					182367.32			49345.36			
c Employer's name, address, and ZIP code				3 3	3 Social security wages			4 Social security tax withheld			
Gutierrez-Callahan Inc					187482.4			14342.4			
271 Adam Drives Suite 029				5 1	5 Medicare wages and tips			6 Medicare tax withheld			
						235026.75			6815.78		
East Johnfurt NJ 41426-5529				7 3	7 Social security tips			8 Allocated tips			
					187482.4			235026.75			
d Control number					9 /	9 Advance EIC payment			10 Dependent care benefits		
9913320								257			
e Employee's first name and initial Last name				11 1	11 Nonqualified plans			12a See instructions for box 12			
Kim Robinson					242			E 1635			
					13 Statutory Retirement Third-party						
160 Jeffrey Rapids Apt. 296				emp	employee plan sick pay			P 710			
				14 (Other (see enclosed Notice to Employ	/ee)	12c				
North Christopherberg AL 05771-								1 2 4			
								134			
								120	1		
					!			G 814			
f Employee's address and ZIP code					<u></u>	,					
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	ome tax 18 Local wages, tips, etc. 19 Local		Local income ta	,			
LA	895-43	3-243	92941.11	4038.13		156323.2	32	254.47		Stein Causeway	
CA	292-49-574 97801.13 4809.44			173283.13		150.86	Schroeder Shoal				

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

