REISSUED a Employee's social security number			Safe, Accura	ate,	A HIO	Visit the IRS Website			
STATEMENT 777-51-7655	OMB N	o. 1545-00	DOS FAST! Use		wfile)	at www.irs.gov/efile.			
b Employer identification number	•	1 V	Vages, tips, other compens	sation	2 Federa	I income tax withheld			
14-1789986			109706.21		3009	3.19			
c Employer's name, address, and ZIP code		3 8	Social security wages		4 Social	security tax withheld			
Sanchez-Lee and Sons			123908.97			9479.04			
3622 Cooper Stravenue Suite 902 North Meganport HI 79528-0790			Medicare wages and tips		6 Medicare tax withheld 2385.9				
			82272.55						
Noith Meganpoit hi 79328-0790			7 Social security tips			8 Allocated tips			
			123908.97			82272.55			
d Control number		9 A	Advance EIC payment		10 Depend	dent care benefits			
131686						169			
e Employee's first name and initial Last name		11 N	Nonqualified plans		12a See in:	structions for box 12			
Talain Willer			121			G 5197			
Edwin Miller		13 Statu		Third-party sick pay	12b	1			
89015 Cox Pike Apt. 877			employee plan sick pay			361			
West Kristina OH 27771-561	.0	14 (Other (see enclosed Notice	to Employee)	12c	i			
						116			
					12d	1			
					E	251			
f Employee's address and ZIP code	1								
15 State Employer's state ID number 16 State wages, tips, etc.			18 Local wages, tips, etc	-	Local income tax	20 Locality name			
OR 683-43-643 50331.95	2692.72		134322.97	20	0593.0	Soto Mill			
MA 107-59-099 59053.32	1822.69		99930.09	23	1144.39	Todd Street			

Wage and Tax Statement

Form W-2

5070

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	7	77-51-7655	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.						
b Employer identification number				1 Wages, tips, other compensation			Federal income tax withheld				
14-1789986				109706.21			30093.19				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Sanchez-Lee and Sons				123908.97			9479.04				
3622 Cooper Stravenue Suite 902 North Meganport HI 79528-0790				5 Medicare wages and tips 82272.55			6 Medicare tax withheld 2385.9				
											7 Social security tips
										123908.97	
d Contro	ol number				9	Advance EIC payment		10 Depen	dent care b	enefits	
	131686								169		
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Edwin Miller			121 13 Statutory Retirement Third-party			G 5197					
89015 Cox Pike Apt. 877 West Kristina OH 27771-5610			employee plan sick pay			E 361					
				14 Other (see enclosed Notice to Employee)			12c				
									116		
							İ	12d	i		
								E	251		
	yee's address and ZIP coo		Transition of the	T.= 0		Trans.	1.0.			Tag. 11.	
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local income ta:	(20 Locality	
OR	683-43	8-643	50331.95	2692.72		134322.97	20	593.0		Soto	Mill
MA	107-59	0-099	59053.32	1822.69		99930.09	21	144.39		Todd S	Street

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

