R	REISSUED	a Employee's socia	•				Safe, Accurate,	20.0	A HID	Visit the	IRS Website		
ST	TATEMENT	37	9-91-4382	OMB N	o. 1545-0	8000	FAST! Use		≁file >	at www.i	rs.gov/efile.		
b Employer identification number					1	1 Wages, tips, other compensation				Federal income tax withheld			
72-8274932					64908.38				22556.14				
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
Cisneros Group Inc					62875.02				4809.94				
17420 Shane Mission					5 Medicare wages and tips				6 Medicare tax withheld				
.	East Carlosborough MT 33251-5445					46165.63				1338.8			
·						7 Social security tips				8 Allocated tips			
					62875.02				46165.63				
d Contro	ol number				9	Advance El	payment		10 Depen	dent care b	enefits		
	3603973									204			
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
	Dothor D				200				9563				
	Bethany Barnes					13 Statutory Retirement Third-party employee plan sick pay				1			
5675 Taylor Wall Suite 547 Jonathanhaven MN 44640-5369					X Suppose Supp					431			
								yee)	12c				
								G	433				
						ļ			12d				
									P	369			
f Employ	vee's address and ZIP cod	e								1000			
15 State	Employer's state ID nu			17 State income tax	18 Local wages, tips, etc.		19	Local income tax	20 Locality name				
DE	744-00	-967	31853.21	3005.93		83851.47		88	72.43		Smith View		
MN	847-07	-232	32210.21	3569.9	59642.68 1		11	814.58	Wanda Ridges				

Wage and Tax

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.

	REISSUED	a Employee's soci	•	OMP N	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							
	STATEMENT 579 91 4302				this income is taxable and you fail to report it.							
b Employer identification number					1 Wages, tips, other compensation			2 Federal income tax withheld				
72-8274932					64908.38			22556.14				
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Cisneros Group Inc 17420 Shane Mission						62875.02	4809.94					
					5 N	ledicare wages and tips	Medicare tax withheld					
						46165.63	1338.8					
	East Carlosborough MT 33251-5445					ocial security tips	8 Allocated tips					
						62875.02	46165.63					
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	3603973								204			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
	Bethany Barnes				200 13 Statutory Retirement Third-party employee plan sick pay			9563				
	5675 Taylor Wall Suite 547					X SIGN PAY			431			
Jonathanhaven MN 44640-5369					14 Other (see enclosed Notice to Employee)			12c				
									433			
								12d				
								P	369			
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax						I do I and a market	10			00 1		
15 State	Employer's state ID n		16 State wages, tips, etc.			10 = 2000 Hager, app, 2001		9 Local income tax		20 Locality name		
DE	744-00	0-967	31853.21	3005.93		83851.47	88	72.43		Smith View		
MN	847-0	7-232	32210.21	3569.9		59642.68	11	.814.58		Wanda Ridges		

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

