REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website						
STATEMENT 154-66-418	3 4 OMB N	o. 1545-0008 F	AST! Use	E file	at www.irs.gov/efile.			
b Employer identification number	·	1 Wages, tips, o	ther compensation	2 Fede	2 Federal income tax withheld			
22-1026232	15325	1.18	3539	35394.87				
c Employer's name, address, and ZIP code	3 Social security	wages	4 Socia	4 Social security tax withheld				
Wilson-Perez LLC	17617	1.09	134	13477.09				
23560 Alvarez Knoll Apt. 917	5 Medicare wag	•	6 Medio					
East Jenniferville CO 7378	11706			3394.93				
East demilierville CO 7576	7 Social security	•	8 Alloca	8 Allocated tips				
	17617			117066.46				
d Control number	9 Advance EIC	payment	10 Depe	10 Dependent care benefits				
4995853				243				
e Employee's first name and initial Last name		11 Nonqualified p	olans	12a See i	nstructions for box 12			
_ ,	218		P	P 6057				
Joshua Greer	,	etirement Third-party	12b					
8609 Berger Glen Apt. 607	employee pl	an sick pay	н	н 564				
Lauramouth DE 62266-6	14 Other (see en	closed Notice to Employ	ee) 12c	_ L				
Hadramoden bi 02200 0				398				
				12d				
					E 60			
					562			
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages,	tips, etc. 17 State income tax	18 Local w	ages, tips, etc.	19 Local income t	ax 20 Locality name			
IN 975-40-602 73965.1	• •	15314		20063.45				
NH 061-65-663 77596.3	5 6887.05	19895	4.04	25304.25	Ariana Circles			

Wage and Tax Statement

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 socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
S	TATEMENT	15	54-66-4184	OMB N	OMB No. 1545-0008 to file 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 Wages, tips, other compensation			2 Federal income tax withheld					
22-1026232				153251.18			35394.87					
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld					
Wilson-Perez LLC				176171.09			13477.09					
23560 Alvarez Knoll Apt. 917				5 Medicare wages and tips			6 Medicare tax withheld					
East Jenniferville CO 73780-5752				117066.46			3394.93					
				7 Social security tips			8 Allocated tips					
				176171.09			117066.46					
d Control number				9 Advance EIC payment			10 Dependent care benefits					
4995853							243					
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12						
Joshua Greer			218 13 Statutory Retirement Third-party			P 6057						
8609 Berger Glen Apt. 607			mployee plan sick pay H 564									
Lauramouth DE 62266-6742				14 0	Other (see enclosed Notice to Employ	ree)	12c					
						398						
						12d						
							562					
f Emplo 15 State	yee's address and ZIP coo Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	10.1	ocal income tax		20 Locality	nomo	
			9			3.7,1,7,				,		
IN	975-40	J-6UZ	73965.14	5009.81		153143.41 20		063.45		Clark 1	Brook	
NH	061-65	5-663	77596.35	6887.05		198954.04	25:	304.25		Ariana C	circles	

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

