

Form **W-2** Wage and Tax Statement  
Copy B -- To Be Filed With Employee's FEDERAL Tax Return.  
This information is being furnished to the Internal Revenue Service.

2017

EDAPP1P\_dalvarez\_180130175805-230318 No. 1545-0008

Department of the Treasury--Internal Revenue Service

c Employer's name, address, and ZIP code XANTERRA PARKS & RESORTS INC 6312 S FIDDLER'S GREEN CIRCLE SUITE 600N GREENWOOD VILLAGE CO 80111		d Control number	1 Wages, tips, other compensation 9,462.39	2 Federal income tax withheld 1,138.26
e Employee's name, address, and ZIP code TOLGA OVARAN CIEE C/O ERIN OLSON 300 FORE STREET PORTLAND ME 04101		7 Social security tips	3 Social security wages	4 Social security tax withheld
		8 Allocated tips	5 Medicare wages and tips	6 Medicare tax withheld
		9 Verification code	10 Dependent care benefits	11 Nonqualified plans
		12a See instructions for box 12	12b	12c
		12d	13 Statutory employee Retirement plan Third-party sick pay	14 Other
		b Employer identification number (EIN) 13-2735034	a Employee's social security number XXX-XX-8899	
OR 1149554-4 15 State Employer's state ID number	9,462.39 16 State wages, tips, etc.	624.64 17 State income tax	18 Local wages, tips, etc.	19 Local income tax
20 Locality name				

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Copy C -- For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

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Copy 2 -- To Be Filed With Employee's State, City, or Local Income Tax Return.

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