REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website					
STATEMENT 397-41-0692	OMB No. 154	5-0008 FAST! Use	at www.irs.gov/efile.				
b Employer identification number	1	Wages, tips, other compensation	2 Federal income tax withheld				
32-3474379		79780.68	11902.95				
c Employer's name, address, and ZIP code	3	Social security wages	4 Social security tax withheld				
Simmons-Sanchez LLC		73766.72	5643.15				
7015 Thomas Views Suite 873	5	Medicare wages and tips	6 Medicare tax withheld				
Garychester LA 52580-3224		75955.15	2202.7				
Suryenesser III S2300 S221	7		8 Allocated tips				
d Control number	-	73766.72 Advance EIC payment	75955.15				
6653722	9	Advance EIC payment	10 Dependent care benefits				
***************************************			273				
e Employee's first name and initial Last name	11	Nonqualified plans	12a See instructions for box 12				
To a change of the ca		290	E 2054				
Jacob Gibbs		Statutory Retirement Third-party employee plan sick pay	12b				
04274 Trevor Prairie Apt. 381		X Sick pay	G 661				
Whitefort MA 92004-2975	14	Other (see enclosed Notice to Employ	ee) 12c				
			D 894				
			12d				
			506				
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 wages, tips, etc.	19 Local income tax 20 Locality name				
WI 656-55-537 40555.93	1951.56	68334.94	001.05 Potter Wall				
OR 201-64-139 37647.18	1521.82	80684.85	12415.19 Brown Field				

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	l security number		This information is being furnished to the Internal Revenue Service. If you are required							
_	TATEMENT	39	7-41-0692	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					
32-3474379				79780.68			11902.95					
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld					
Simmons-Sanchez LLC				73766.72			5643.15					
7015 Thomas Views Suite 873 Garychester LA 52580-3224				5 Medicare wages and tips			6 Medicare tax withheld					
				75955.15			2202.7					
					7 Social security tips			8 Allocated tips				
				73766.72			75955.15					
d Contro	d Control number			9 Advance EIC payment			10 Dependent care benefits					
	6653722								273			
e Employee's first name and initial Last name			11 Nonqualified plans 12a See in:			structions	or box 12					
				290			E 2054					
Jacob Gibbs				13 Statutory Retirement Third-party			12b	•				
04274 Trevor Prairie Apt. 381				employee plan sick pay G 661								
Whitefort MA 92004-2975					14 Other (see enclosed Notice to Employee)			12c				
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15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local income tax		20 Locality name		
WI	656-55	5-537	40555.93	1951.56		68334.94	80	01.05		Potter Wall		
							l					
OR	201-64	1-139	37647.18	1521.82		80684.85	12	415.19		Brown Field		

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

