| REISSUED                                      | REISSUED a Employee's social security number |                            |                     | Safe, Accurate,   |  |                         |             | Visit the IRS Website           |           |                  |  |  |
|---|--|----------------------------|---------------------|-------------------|--|-------------------------|-------------|---------------------------------|-----------|------------------|--|--|
| STATEMENT                                     | 41   | 4-30-0177                  | OMB                 | No. 1545-00       | 008 FAST! Us                               | se 💮                    |             | e at                            | t www.irs | .gov/efile.      |  |  |
| b Employer identification number              |  |                            |                     | 1 V               | 1 Wages, tips, other compensation          |                         |             | 2 Federal income tax withheld   |           |                  |  |  |
| 68-9101777                                    |  |                            |                     |                   | 47511.62                                   |                         |             |                                 | 16882.3   |                  |  |  |
| c Employer's name, address, and ZIP code      |  |                            |                     | 3 8               | 3 Social security wages                    |                         |             | 4 Social security tax withheld  |           |                  |  |  |
| Collins-Santana Ltd                           |  |                            |                     |                   | 45431.46                                   |                         |             | 3475.51                         |           |                  |  |  |
| 5942 Harrison Bridge                          |  |                            |                     | 5 N               | ager and apr                               |                         |             | 6 Medicare tax withheld         |           |                  |  |  |
| Fordburgh ME 88940-4075                       |  |                            |                     |                   | 39141.06                                   |                         |             | 1135.09                         |           |                  |  |  |
| Fordburgh ME 88940-4075                       |  |                            |                     | 7 8               | 7 Social security tips                     |                         |             | 8 Allocated tips                |           |                  |  |  |
|   |  |                            |                     |                   | 45431.46                                   |                         |             | 39141.06                        |           |                  |  |  |
| d Control number                              |  |                            |                     | 9 A               | 9 Advance EIC payment                      |                         |             | 10 Dependent care benefits      |           |                  |  |  |
| 6415013                                       |  |                            |                     |                   |  |                         |             | 170                             |           |                  |  |  |
| e Employee's first name and initial Last name |  |                            |                     | 11 N              | 11 Nonqualified plans                      |                         |             | 12a See instructions for box 12 |           |                  |  |  |
| Chad Rubio                                    |  |                            |                     |                   | 234  |                         |             | н 1735                          |           |                  |  |  |
|   |  |                            |                     | 13 Statu<br>emple |  | Third-party<br>sick pay | 12b         | 1                               |           |                  |  |  |
| 9857 David Street Apt. 830                    |  |                            |                     |                   | X  |                         |             | 7                               | 755       |                  |  |  |
| Port Kimberlyport ME 12330-3661               |  |                            |                     | 14 0              | 14 Other (see enclosed Notice to Employee) |                         |             | ı                               |           |                  |  |  |
|   |  |                            |                     |                   |  |                         |             | 798                             |           |                  |  |  |
|   |  |                            |                     |                   |  |                         |             | 12d                             |           |                  |  |  |
|   |  |                            |                     |                   |  |                         |             | н 6                             | 81        |                  |  |  |
| f Employee's address and ZIP co               |  | •                          |                     |                   |  |                         |             |                                 |           |                  |  |  |
| 15 State Employer's state ID n                |  | 16 State wages, tips, etc. | 17 State income tax | x                 | 18 Local wages, tips,                      |                         | 9 Local inc |                                 | :         | 20 Locality name |  |  |
| VA 487-50                                     | )-133  | 21639.62                   | 939.26              |                   | 35373.58                                   | 7                       | 182.        | 83                              |           | Susan Trail      |  |  |
| NH 878-90                                     | )-209  | 22771.72                   | 1081.39             |                   | 36265.04                                   | 8                       | 419.        | 64                              | 1         | Henderson Pike   |  |  |

Wage and Tax

5070 **Statement** 

Department of the Treasury--Internal Revenue Service

Form W-2 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 | al security number         |                        | This information is being furnished to the Internal Revenue Service. If you are required                |                                 |                  |                                 |                               |                  |  |  |
|---|---------------------------|-------------------|----------------------------|------------------------|---|---------------------------------|------------------|---------------------------------|-------------------------------|------------------|--|--|
|   | CLIOGOLD                  | • •               | 14-30-0177                 | OMB                    | OMP No. 1545 0008 to file a tax return, a negligence penalty or other sanction may be imposed on you if |                                 |                  |                                 |                               |                  |  |  |
|   | TATEMENT                  | 4.                | 14-30-0177                 | CIVID                  | this income is taxable and you fail to report it.   |                                 |                  |                                 |                               |                  |  |  |
|   | yer identification number |                   |                            |                        | 1 '   | Wages, tips, other compensation |                  |                                 | 2 Federal income tax withheld |                  |  |  |
| 68-9101777                                      |                           |                   |                            |                        | 47511.62  |                                 |                  | 16882.3                         |                               |                  |  |  |
| c Employer's name, address, and ZIP code        |                           |                   |                            | 3                      | 3 Social security wages   |                                 |                  | 4 Social security tax withheld  |                               |                  |  |  |
| Collins-Santana Ltd                             |                           |                   |                            |                        | 45431.46  |                                 |                  | 3475.51                         |                               |                  |  |  |
| 5942 Harrison Bridge<br>Fordburgh ME 88940-4075 |                           |                   |                            | 5                      | 5 Medicare wages and tips   |                                 |                  | Medicare tax withheld           |                               |                  |  |  |
|   |                           |                   |                            |                        | 39141.06  |                                 |                  | 1135.09                         |                               |                  |  |  |
|   |                           |                   |                            | 7 Social security tips |   |                                 | 8 Allocated tips |                                 |                               |                  |  |  |
|   |                           |                   |                            |                        | 45431.46  |                                 |                  | 39141.06                        |                               |                  |  |  |
| d Control number                                |                           |                   |                            | 9 /                    | 9 Advance EIC payment   |                                 |                  | 10 Dependent care benefits      |                               |                  |  |  |
| 6415013   |                           |                   |                            |                        | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   |                                 |                  | 170                             |                               |                  |  |  |
| e Employee's first name and initial Last name   |                           |                   |                            | 11                     | 11 Nonqualified plans   |                                 |                  | 12a See instructions for box 12 |                               |                  |  |  |
| Chad Rubio                                      |                           |                   |                            |                        | 234   |                                 |                  | н 1735                          |                               |                  |  |  |
|   |                           |                   |                            | 13 State               |   | /                               | 12b              |                                 |                               |                  |  |  |
| 9857 David Street Apt. 830                      |                           |                   |                            | emp                    | oyee plan sick pay  |                                 |                  | 755                             |                               |                  |  |  |
| _   |                           |                   |                            | 14 (                   | Other (see enclosed Notice to Emplo   | vee)                            | 12c              |                                 |                               |                  |  |  |
| Port Kimberlyport ME 12330-3661                 |                           |                   |                            |                        | ,   | , ,                             |                  |                                 |                               |                  |  |  |
|   |                           |                   |                            |                        |   |                                 | 798              |                                 |                               |                  |  |  |
|   |                           |                   |                            |                        |   |                                 |                  | 12d                             | 1                             |                  |  |  |
|   |                           |                   |                            |                        |   |                                 | н                | н 681                           |                               |                  |  |  |
| f Emplo   | yee's address and ZIP cod | le                |                            |                        |   |                                 |                  |                                 |                               |                  |  |  |
| 15 State  | Employer's state ID nu    | mber              | 16 State wages, tips, etc. | 17 State income tax    |   | 18 Local wages, tips, etc. 19   |                  | Local income tax                |                               | 20 Locality name |  |  |
| VA  | 487-50                    | -133              | 21639.62                   | 939.26                 |   | 35373.58                        | 71               | .82.83                          |                               | Susan Trail      |  |  |
| NH  | 878-90                    | -209              | 22771.72                   | 1081.39                |   | 36265.04                        | 84               | 19.64                           |                               | Henderson Pike   |  |  |

Wage and Tax

**Statement** Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

