F	REISSUED	a Employee's socia	•				Safe, Acc	urate,	0	H	Visit the	IRS Web	site	
S	TATEMENT	52	21-32-5512	OMB N	lo. 1545-0	8000	FAST! Us	se 💌	5-7	ile	at www.i	rs.gov/efi	le.	
b Employer identification number					1	1 Wages, tips, other compensation				Federal income tax withheld				
	87-9331073					220985.7				53153.28				
c Emplo	yer's name, address, and 2	ZIP code			3 Social security wages				4	4 Social security tax withheld				
Miller, Perez and Byrd and Sons					201624.8					15424.3				
80583 Garcia Neck Apt. 831 Petersenville WA 63831-2935					5 Medicare wages and tips				6					
					283790.59					8229.93				
					7 Social security tips				8	8 Allocated tips				
					201624.8					283790.59				
d Control number					9 Advance EIC payment 10 Dependent care benefits									
9205195										151				
e Employee's first name and initial Last name					11 Nonqualified plans				12	12a See instructions for box 12				
					108				5393					
Debbie Castillo					13 Statutory Retirement Third-party				121)				
916 Bell Island Suite 694					em _j	ployee	X	sick pay			635			
Morrisonstad ID 78140-6085					14 Other (see enclosed Notice to Employee)				ee) 120	12c				
MOTITIONS CAU ID 70140 0005										E 526				
									120	12d				
										G	908			
l										G	908			
15 State	yee's address and ZIP cod Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Loca	al wages, tips,	etc	19 Local	income ta	x	20 Local	ity name	
TN	220-63		116519.28	12205.05			012.77		4186		••		Inlet	
T 1/4	220-03	· J/4	110019.20	12203.03		1000	U12.11		4100	2.13		Tara	TIITEC	
ID	973-18	-148	111331.95	8979.76		2609	928.21		2571	6.15		Morgan	Greens	

Wage and Tax Statement 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	al security number			This information is being furnis	hed to	the Internal Rev	enue Serv	ice. If you a	are required			
	KEIGGGED					to file a tax return, a negligence penalty or other sanction may be imposed on you if							
STATEMENT		21-32-3512	OWIDTY	this income is taxable and you fail to report it.									
b Employer identification number				1 \	Vages, tips, other compensation	Federal income tax withheld							
87-9331073	3				220985.7	53153.28							
c Employer's name, address, a	nd ZIP code			3 5	Social security wages	4 Social security tax withheld							
Miller, Perez and Byrd and Sons					201624.8	15424.3							
80583 Garcia Neck Apt. 831 Petersenville WA 63831-2935					Medicare wages and tips	6 Medicare tax withheld							
					283790.59	8229.93							
					Social security tips	8 Allocated tips							
					201624.8	283790.59							
d Control number				9 Advance EIC payment			10 Dependent care benefits						
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e Employee's first name and init	ial Last nam	е		11 1	lonqualified plans	12a See instructions for box 12							
	Debbie Castillo				108	5393							
Deppie Ca					13 Statutory Retirement Third-party								
916 Bell Island Suite 694 Morrisonstad ID 78140-6085				employee plan sick pay			635						
				14 (Other (see enclosed Notice to Employ	12c							
MOTITIONS	MOIIISONS CAU ID 70140 0005					E 526							
						12d							
							120	l					
								G 908					
f Employee's address and ZIP													
15 State Employer's state ID	number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		_ocal income tax	20 Locali	ty name				
TN 220-6	3-574	116519.28	12205.05		186012.77		862.15	Tara	Inlet				
ID 973-1	973-18-148 111331.95		8979.76		260928.21 2		716.15	Morgan	Greens				

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

