REIS	REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website							IRS Website		
STAT	EMENT	77	1-65-1503	OMB N	o. 1545-	8000	FAST! Us	e T	5~I	le)	at www.i	rs.gov/efile.		
b Employer ide	entification number				1 Wages, tips, other compensation				2	Federal income tax withheld				
11-5111671					40221.75					8527.8				
c Employer's n	name, address, and Z	IP code		•	3 Social security wages				4	4 Social security tax withheld				
Owens PLC Group					40290.96				;	3082.26				
98265 Williamson Pine Suite 940					5 Medicare wages and tips				6	• modicaro tax municia				
East Keithville AK 09182-5377					34703.41					1006.4				
East Reithville AR 09102 5577				7 Social security tips				8	1					
					40290.96 9 Advance EIC payment				40	34703.41 10 Dependent care benefits				
d Control number					9	Advance E	ic payment		10	Depen		enetits		
5740150				11 Nonqualified plans					243 12a See instructions for box 12					
e Employee's f	first name and initial	Last name			11	Nonqualifie	d plans		12a	See in	structions	for box 12		
				105					н 5346					
Steven Vazquez				13 Statutory Retirement Third-party employee plan sick pay				12b	12b					
768 Watts Stravenue Suite 613				employee plan sick pay					н 923					
North Amy SD 32309-8121					14 Other (see enclosed Notice to Employee)				e) 12c	12c				
										E 474				
				12d					12d					
										P	964			
	address and ZIP code			_										
	mployer's state ID nur		16 State wages, tips, etc.	17 State income tax			l wages, tips,		19 Local ir		(20 Locality name		
IL	138-77	-813	21384.48	1077.45		33343.69 7		7129.59			Mariah Shore			
WY	245-76	-043	18887.02	1059.09		4724	19.85		4024.	88		Bauer Crescent		

Wage and Tax

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.

F	REISSUED	a Employee's socia	l security number			This information is being furnis								
S	TATEMENT	77	71-65-1503	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				Wages, tips, other compensation				2 Federal income tax withheld						
11-5111671					40221.75				8527.8					
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld				
Owens PLC Group						40290.96				3082.26				
98265 Williamson Pine Suite 940					5 Medicare wages and tips				6 Medicare tax withheld					
Book Waitharilla NW 00100 5277					34703.41				1006.4					
East Keithville AK 09182-5377					7 Social security tips				8 Allocated tips					
					40290.96				34703.41					
d Contro	d Control number				9 Advance EIC payment 10 D					Dependent care benefits				
	5740150								243					
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12					
					105				н 5346					
	Steven Vazquez					13 Statutory Retirement Third-party								
768 Watts Stravenue Suite 613						employee plan sick pay				н 923				
No. 11 No						14 Other (see enclosed Notice to Employee) 12c								
	North Amy SD 32309-8121								_ 454					
									E	474				
								12d		ı				
									P	964				
	oyee's address and ZIP cod													
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	ocal in	come tax		20 Locality	name		
IL	138-77	-813	21384.48	1077.45		33343.69	71	29.	59		Mariah	Shore		
WY	245-76	5-043	18887.02	1059.09		47249.85	40	24.	88		Bauer C	rescent		

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

