	REISSUED a Employee's social security number  ATEMENT 427-30-2349		OMPIN	Safe, Accurate, OMB No. 1545-0008 FAST! Use				Visit the IRS Website at www.irs.gov/efile.					
	<u> </u>	42	17-30-2349	OIVID IN				$\overline{}$			Ü		
	yer identification number				1 \	1 Wages, tips, other compensation				Federal income tax withheld			
	68-4816336					55676.02				14646.93			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
Martinez, Jones and Mendoza Ltd					64222.61				4913.03				
2017 Roberts Manors					5 Medicare wages and tips				6 Medicare tax withheld				
	West Ashleyshire NJ 36207-9612					43608.99				1264.66			
						7 Social security tips				8 Allocated tips			
					64222.61				43608.99				
d Control number					9 Advance EIC payment				10 Dependent care benefits				
5459119										282			
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
						297				3276			
	Paige Garcia					13 Statutory Retirement Third-party				12b			
5201 Myers Orchard Suite 934					employee plan sick pay				G 709				
South Daniel SC 61599-3703					14 Other (see enclosed Notice to Employee)				12c	Ì			
									G	854			
									12d				
									G	870			
								-		870			
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			19 Lc	9 Local income tax 20 Locality name				
IN	378-27		26029.51	3410.86		42561	=		663.45		Giles Groves		
T 1A	370-27	-210	20029.31	2410.00		4230I	. 0.5	100	005.45		Giles Groves		
AR	139-06	-159	25526.61	3010.75		41483	. 6	558	83.53		Carter Lodge		
			•	•		•		•					

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.

F	REISSUED	SSUED a Employee's social security number  This information is being furnished to the Internal Revenue Service. If y to file a tax return, a negligence penalty or other sanction may be imposed.									
S	TATEMENT 427-30-2349 OMB No. 1545-0008 this income is taxable and you fail to report it.						e imposed on you ii				
<b>b</b> Emplo	b Employer identification number					1 Wages, tips, other compensation			Federal income tax withheld		
68-4816336					55676.02			14646.93			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Martinez, Jones and Mendoza Ltd					64222.61			4913.03			
2017 Roberts Manors					5 Medicare wages and tips			6 Medicare tax withheld			
West Ashleyshire NJ 36207-9612						43608.99	1264.66				
					7 Social security tips			8 Allocated tips			
					64222.61			43608.99			
d Control number					9 Advance EIC payment			10 Dependent care benefits			
	5459119					<u> </u>			282		
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
	Paige Garcia 5201 Myers Orchard Suite 934 South Daniel SC 61599-3703					297			3276		
						tory Retirement Third-party byee plan sick pay		12b	i		
						employee plan sick pay  14 Other (see enclosed Notice to Employee)			709		
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								G	G 870		
f Employee's address and ZIP code						<u>,                                      </u>	, .			_	
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		3.7,1,7,		_ocal income		20 Locality name	
IN	378-27	7-316	26029.51	3410.86		42561.63	10	663.4	5	Giles Groves	
AR	139-06-159 25526.61 3010.75			41483.6	55	83.53		Carter Lodge			

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

