REISSUED a Employee's social sec	REISSUED a Employee's social security number					Safe, Accurate, Visit the IRS Website						
STATEMENT 737-	·88-7555	OMB No	o. 1545-0	8000	FAST! Us	e	51	ile	at www.i	irs.gov/efile.		
b Employer identification number			1	Wages, tips	, other compe	ensation	2	Feder	al income ta	x withheld		
58-1543494				119945.48				30953.24				
c Employer's name, address, and ZIP code	3 Social security wages				4	4 Social security tax withheld						
Cole, Kim and Donaldson and Sons				154205.18				11796.7				
01071 Boyd Key Suite 305 West Michael OK 83587-2313				5 Medicare wages and tips					6 Medicare tax withheld			
				151758.58				4401.0				
				7 Social security tips				8 Allocated tips				
	154205.18					151758.58						
d Control number				9 Advance EIC payment				10 Dependent care benefits				
5459042								224				
e Employee's first name and initial Last name			11	Nonqualifie	d plans		12	a See ii	structions	for box 12		
			180				н 7619					
Charles Avila				13 Statutory Retirement Third-party employee plan sick pay				b	1			
66050 Hunt Valleys Apt. 689				X SEEK PAY				D 614				
Michaelport WY 62963-5613			14 Other (see enclosed Notice to Employee)				ee) 12	С	1			
								P	906			
							12	d	1			
									526			
f Employee's address and ZIP code									1			
15 State Employer's state ID number 16	State wages, tips, etc.	17 State income tax		18 Local	wages, tips,	etc.	19 Local	income ta	X	20 Locality name		
NE 794-89-465 59	9487.6	3992.51		1189	27.73		2269	9.14		Reed Meadows		
LA 047-56-810 61	1234.89	5369.4		1380	14.21		1265	8.75		Patel Hollow		

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.

R	REISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if							
ST	<b>TATEMENT</b>	73	37-88-7555	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>b</b> Employ	b Employer identification number				1 Wages, tips, other compensation				2 Federal income tax withheld			
58-1543494					119945.48				30953.24			
c Employer's name, address, and ZIP code					3	4 Social security tax withheld						
Cole, Kim and Donaldson and Sons						11796.7						
01071 Boyd Key Suite 305					5 Medicare wages and tips 151758.58				6 Medicare tax withheld 4401.0			
West Michael OK 83587-2313												
				7 Social security tips				8 Allocated tips				
					154205.18				151758.58			
d Control number				9 Advance EIC payment			10 Dependent care benefits					
5459042							224					
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12				
Charles Avila 66050 Hunt Valleys Apt. 689 Michaelport WY 62963-5613				180  13 Statutory Retirement Third-party plan sick pay			H 7619					
								D	614			
				14 Other (see enclosed Notice to Employee)				Ī				
				1				P	906			
								12d				
								526				
f Employ 15 State	yee's address and ZIP cod Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	10.1	ocal inco	omo tov		20 Locality name	
			9 . , .			9					•	
NE	794-89	7-403	59487.6	3992.51		118927.73	22	699	. 14		Reed Meadows	
LA	047-56	5-810	61234.89	5369.4		138014.21	12	658	.75		Patel Hollow	

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

