REISSUED a Employee's social security number	Safe, Accurate, Visit the IRS Web	site			
STATEMENT 306-62-6738	OMB No. 1545-0008 FAST! Use at www.irs.gov/efil	e.			
b Employer identification number	1 Wages, tips, other compensation 2 Federal income tax withheld				
37-7025691	167580.53 55642.99	55642.99			
c Employer's name, address, and ZIP code	3 Social security wages 4 Social security tax withheld	4 Social security tax withheld			
Espinoza LLC Ltd	153933.15 11775.89	11775.89			
447 Craig Parkways Suite 000	5 Medicare wages and tips 6 Medicare tax withheld				
Martinstad AL 83833-5918	140168.98 4064.9				
Marcinscaa Mi 03033 3310		8 Allocated tips			
		140168.98			
d Control number	9 Advance EIC payment 10 Dependent care benefits				
5145032	178				
e Employee's first name and initial Last name	11 Nonqualified plans 12a See instructions for box 12	12a See instructions for box 12			
Patrick Lee	176 D 8533	D 8533			
raciick Lee	13 Statutory Retirement Third-party employee plan sick pay				
9300 Carl Divide	X				
East Kaylaside NC 97355-9862	14 Other (see enclosed Notice to Employee) 12c				
-	417				
	12d				
	E 724				
f Employee's address and ZIP code					
	ncome tax 18 Local wages, tips, etc. 19 Local income tax 20 Locali	ty name			
KS 723-66-619 82695.75 7099	.85 136876.31 25592.06 Jones	Mills			
MD 787-91-511 88289.79 9649	.48 202897.35 21485.95 Chase	Ford			

Wage and Tax Statement

5070

Department of the Treasury--Internal Revenue Service

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							
STATEMENT		06-62-6738	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	r		<u>.</u>	1	Vages, tips, othe	er compensation		2 Federal income tax withheld			
37-7025691			167580.53				55642.99				
c Employer's name, address, and ZIP code			3 Social security wages				4 Social security tax withheld				
Espinoza LLC Ltd			153933.15				11775.89				
447 Craig Parkways Suite 000			5 Medicare wages and tips				6 Medicare tax withheld				
Martinstad AL 83833-5918			140168.98				4064.9				
			7 Social security tips				8 Allocated tips				
				153933.15				140168.98			
d Control number	d Control number			9 Advance EIC payment				10 Dependent care benefits			
5145032									178		
e Employee's first name and initial Last name		11 Nonqualified plans				12a See instructions for box 12					
Patrick Lee			176				D 8533				
			13 Statutory Retirement Third-party employee plan sick pay				12b	i			
9300 Carl	Divide			emp	X	SICK Pay		G	227		
East Kaylaside NC 97355-9862		14 Other (see enclosed Notice to Employee)				12c	1				
							417				
							-	12d	1		
								E	724		
f Employee's address and ZIP of	ode						-		II.		
15 State Employer's state ID	number	16 State wages, tips, etc.	17 State income tax		18 Local wage	es, tips, etc.	19 Lo	ocal income ta	(20 Locality	name
KS 723-6	6-619	82695.75	7099.85		136876	. 31	255	592.06		Jones	Mills
MD 787-9	1-511	88289.79	9649.48		202897	. 35	214	485.95		Chase	Ford

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

