REISSUED					•	Accurate,	so a f			RS Websi		
STATEMENT	5	58-75-2295	OMB N	o. 1545-00	008 FAST	! Use	GYL		at www.ir	s.gov/efile	-	
b Employer identification number	er			1 V	1 Wages, tips, other compensation				2 Federal income tax withheld			
21-7664745				245127.79				34523.02				
c Employer's name, address, a	nd ZIP code		•	3 Social security wages				4 Social security tax withheld				
Martinez, Evans and Perry Inc				217897.19				16669.14				
078 Cindy Rapids Suite 104				5 Medicare wages and tips				6 Medicare tax withheld				
				295349.49				8565.14				
Gloriaborough PA 35112-8452			7 Social security tips			8	8 Allocated tips					
				217897.19				295349.49				
d Control number			9 A	dvance EIC paym	ent	10	Depend	lent care be	nefits			
2070101									141			
e Employee's first name and initial Last name			11 Nonqualified plans			12a	12a See instructions for box 12					
Douglas Monroe			128				7313					
			13 Statu			12b						
06431 Collins Highway Apt. 765			empl	oyee plan	sick pay		P	355				
Leachbury IA 26727-2403			14 (Other (see enclosed	Notice to Employ	ree) 12c						
							D	980				
						12d	12d					
									985			
f Employee's address and ZIP	code								700			
15 State Employer's state ID		16 State wages, tips, etc.	17 State income tax		18 Local wages,	tips, etc.	19 Local in	come tax		20 Locality	name	
SC 221-2	23-094	118981.3	9314.61		205569.	05	45865	.76		Brown	Lock	
OR 643-	78-207	123709.27	14281.41		297070.	68	33799	.42	-	Martinez	Terrace	

Wage and Tax Statement

Form W-2

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.

REISSU	a Employee's so	ocial security number		This information is being furnished to the Internal Revenue Service. If you are required							
STATEME	NT	558-75-2295	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				
21-7664745				245127.79			34523.02				
c Employer's name, a	c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Martinez, Evans and Perry Inc				217897.19			16669.14				
078 Cindy Rapids Suite 104				5 Medicare wages and tips			6 Medicare tax withheld				
				295349.49			8565.14				
Gloriaborough PA 35112-8452			7 Social security tips			8 Allocated tips					
				217897.19			295349.49				
d Control number			9 Advance EIC payment			10 Dependent care benefits					
2070101							141				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Douglas Monroe			128			7313					
			13 Statutory Retirement Third-party employee plan sick pay			12b					
06431 Collins Highway Apt. 765						P	355				
Leachbury IA 26727-2403			14 Other (see enclosed Notice to Employee)			12c					
						D	980				
					<u> </u>	12d					
							985				
f Employee's address		Tra a	Language and the second		I a a a a a a a a a a a a a a a a a a a				00 1 11		
	's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		cal income tax		20 Locality		
SC 2	221-23-094	118981.3	9314.61	205569.05 4		458	65.76		Brown	Lock	
OR	543-78-207	123709.27	14281.41		297070.68	337	99.42		Martinez	Terrace	

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

