

Copy B -- To Be Filed with Employee's FEDERAL Tax Return.		OMB NO. 1545-0008	
a Employee's SSN 628-73-8168	1 Wages, tips, other compensation 11500.21	2 Federal income tax withheld 795.93	
b Employer ID no.(EIN) 26-2726508	3 Social security wages 11500.21	4 Social security tax withheld 713.04	
	5 Medicare wages and tips 11500.21	6 Medicare tax withheld 166.77	
c Employer's name, address and ZIP code ESSG II 500 7301 OHMS LANE SUITE 405 EDINA, MN 55439 952-835-1288			
d Control Number			
e Employee's first name and initial Last name CRISTHIAN W. MORALES 804 SAINT CROIX ST. PRESCOTT, WI 54021			Suff.
f Employee's address and ZIP code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 DD 696.00	
13 Statutory employee <input type="checkbox"/>	14 Other	12b Code	
Retirement plan <input type="checkbox"/>		12c Code	
Third-party sick pay <input type="checkbox"/>		12d Code	
MN 9644843	11500.21	375.44	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

VBA Form W-2 Wage and Tax Statement 2016 Dept. of Treasury -- IRS  
This information is being furnished to the Internal Revenue Service

Copy C -- For EMPLOYEE'S RECORDS. (See Notice to Employee on back of Copy B.)		OMB NO. 1545-0008	
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18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

VBA Form W-2 Wage and Tax Statement 2016 Dept. of Treasury -- IRS  
This information is being furnished to the IRS. If you are required 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.

Copy 2 -- To Be Filed with Employee's State, City, or Local Income Tax Return.		OMB NO. 1545-0008	
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