R	REISSUED	a Employee's socia	l security number			Safe, Ad	ccurate,			Visit the	IRS Website	
ST	<b>TATEMENT</b>	14	4-45-5742	OME	3 No. 1545-0	008 FAST! I	Jse 🔍	e≁fi	6	at www.ii	rs.gov/efile.	
b Employer identification number						1 Wages, tips, other compensation			2 Federal income tax withheld			
04-0167789						191151.46			37546.86			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Murphy, Oliver and York Inc						186981.42			14304.08			
13200 Candice Mills Apt. 272						5 Medicare wages and tips			6 Medicare tax withheld			
_						141171.29			4093.97			
Dodsonberg AZ 22471-8401					7	7 Social security tips			8 Allocated tips			
						186981.42			141171.29			
d Control number						9 Advance EIC payment			10 Dependent care benefits			
5966644									236			
e Employee's first name and initial Last name						11 Nonqualified plans			12a See instructions for box 12			
						227			н 9052			
Kristin Vasquez						13 Statutory Retirement Third-party employee plan sick pay						
6359 Dean Fork						X Story Pay				162		
East Stephenland AZ 67804-608						14 Other (see enclosed Notice to Employee)						
									н	156		
									12d			
									D	423		
f Emplo	yee's address and ZIP cod	e										
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income to	ax	18 Local wages, tip	s, etc.	19 Local inc	ome tax		20 Locality name	
MD	959-77	-440	101995.34	7980.73		219446.7	7	36556	. 83		Angela Street	
IL	777-96	-759	86609.39	6808.4		227879.2	3	26722	. 2		Little Junction	

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.

REISSUED a Employee's social security number		This information is being furnished to the Internal Revenue Service. If you are required							
STATEMENT 144-45-5742	MB 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> Employer identification number	•	1 W	1 Wages, tips, other compensation			2 Federal income tax withheld			
04-0167789			191151.46			37546.86			
c Employer's name, address, and ZIP code		<b>3</b> Sc	3 Social security wages			4 Social security tax withheld			
Murphy, Oliver and York Inc			186981.42			14304.08			
13200 Candice Mills Apt. 272						6 Medicare tax withheld			
_		141171.29			4093.97				
Dodsonberg AZ 22471-8401	7 Sc	7 Social security tips			8 Allocated tips				
		186981.42			141171.29				
d Control number	<b>9</b> Ad	9 Advance EIC payment			10 Dependent care benefits				
5966644						236			
e Employee's first name and initial Last name		11 No	11 Nonqualified plans			12a See instructions for box 12			
			227			н 9052			
Kristin Vasquez		13 Statutory Retirement Third-party							
6359 Dean Fork	X employ	employee plan sick pay			162				
East Stephenland AZ	67804-608	<b>14</b> Ot	14 Other (see enclosed Notice to Employee)			12c			
					156				
					12d				
					Д	423			
f Employee's address and ZIP code						1			
15 State Employer's state ID number 16 State wages, tip	s, etc. 17 State income	e tax	18 Local wages, tips, etc.	19	Local income tax	20 Locality name			
MD 959-77-440 101995.3	4 7980.73	3	219446.77	36	556.83	Angela Street			
IL 777-96-759 86609.39	6808.4		227879.23	26	5722.2				
IL	0808.4		221019.23	26	122.2	Little Junction			

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

