R	REISSUED	a Employee's socia	al security number			Safe, A	ccurate,			Visit the	IRS Website	
ST	TATEMENT	22	24-22-5539	OMB N	lo. 1545-0	008 FAST!	Use	e vf	16	at www.i	rs.gov/efile.	
b Employer identification number						1 Wages, tips, other compensation			Federal income tax withheld			
03-0473634					247323.89			3	38857.73			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Turner, Nelson and Robbins LLC						241207.72			18452.39			
6783 Garcia Run Suite 140						5 Medicare wages and tips			6 Medicare tax withheld			
New Tammy FL 81695-4898						273423.32			7929.28			
New Tanuny FE 01055 4050					7 Social security tips			8	- · · · · · · · · · · · · · · · · · · ·			
						241207.72			273423.32			
d Control number						9 Advance EIC payment			10 Dependent care benefits			
9787428									218			
e Employee's first name and initial Last name						11 Nonqualified plans			12a See instructions for box 12			
						215			2325			
John Lowe 29401 Kyle Well Suite 434					13 Statutory Retirement Third-party			12b	12b			
					employee plan sick pay				E 680			
New Stephanie WI 14684-9406						14 Other (see enclosed Notice to Employee)				1		
non coopnance and coop of the									P	855		
								12d	12d			
									G	847		
f Employee's address and ZIP code										1		
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, ti	os, etc.	19 Local in	come tax	(20 Locality name	
NM	767-22	-392	122181.0	5262.84		217551.5	3	26064	.29		Everett Extension	
ID	595-20	-872	120434.44	6680.28		253775.4	4	48945	6.64		Morgan Inlet	

Wage and Tax
Form W-2 Statement

5070

Cut here. Keep lower portion for your records.

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.

REISSUED a Employee's social 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 **STATEMENT** 224-22-5539 OMB No. 1545-0008 this income is taxable and you fail to report it. **b** Employer identification number Wages, tips, other compensation Federal income tax withheld 03-0473634 247323.89 38857.73 c Employer's name, address, and ZIP code Social security wages Social security tax withheld Turner, Nelson and Robbins LLC 241207.72 18452.39 Medicare wages and tips Medicare tax withheld 6783 Garcia Run Suite 140 273423.32 7929.28 New Tammy FL 81695-4898 Social security tips Allocated tips 241207.72 273423.32 d Control number Advance EIC payment 10 Dependent care benefits 9787428 218 See instructions for box 12 e Employee's first name and initial Last name Nonqualified plans 12a 2325 215 John Lowe 13 Statutory Third-party 12b employee 29401 Kyle Well Suite 434 E 680 Х Other (see enclosed Notice to Employee) 12c New Stephanie WI 14684-9406 P 855 12d 847 G f Employee's address and ZIP code 17 State income tax 15 State Employer's state ID number 16 State wages, tips, etc. 18 Local wages, tips, etc. 19 Local income tax 20 Locality name 767-22-392 5262.84 217551.53 26064.29 NM 122181.0 595-20-872 253775.44 ID 120434.44 6680.28 48945.64 Morgan Inlet

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

