F	REISSUED a Employee's social security number				Safe, Accurate,					Visit the IRS Website			
S	TATEMENT	62	22-69-3461	OMB	No. 1545-00	08 FAST! Us	se 📉	5	ظا	at www.i	rs.gov/efile.		
b Emplo	yer identification number				1 V	1 Wages, tips, other compensation				2 Federal income tax withheld			
	51-7137467					207367.82				35403.93			
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Dorsey-Morrison Ltd						249520.9				19088.35			
1323 Clark Keys Apt. 892						5 Medicare wages and tips				6 Medicare tax withheld			
Stephenside MS 56686-5761						200475.72				5813.8			
						7 Social security tips				8 Allocated tips			
						249520.9				200475.72			
d Control number					9 A	9 Advance EIC payment			10 Dependent care benefits				
7707682						AA Naara (Calada)				139			
e Employee's first name and initial Last name					11 N					12a See instructions for box 12			
	George Dodson					153			D 3608				
George Dodson					13 Statutory Retirement Third-party employee plan sick pay			12b		1			
856 Lance Lights Suite 884										275			
Port Rebeccafort MN 42801-2774					14 C	ther (see enclosed Not	ice to Employee	e) 12c		1			
										475			
					D 475								
								D	273				
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15 State	yee's address and ZIP cod Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	:	18 Local wages, tips,	etc.	19 Local in	come tax	(20 Locality name		
PA	842-72	-297	95000.7	5727.69		257735.63 4		40227	.01	Williams Orchard			
0	007.60	455	110004 20	5607.17		147452 14		20000	40				
				5607.17	147453.14 3			30820	0820.48 Melissa Rapids				
Wage and Tax Department of the TreasuryInternal Revenue Service													

Wage and Tax

Statement Form W-2 Copy B--To Be Filed with Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service.

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Cut here. Keep lower portion for your records.

REIS	SUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required									
STAT	EMENT	62	22-69-3461	ON	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 ide	b Employer identification number				1 V	Wages, tips, other compensation			2 Federal income tax withheld					
51-7137467						207367.82			35403.93					
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld					
Dor	Dorsey-Morrison Ltd						249520.9				19088.35			
132	1323 Clark Keys Apt. 892						5 Medicare wages and tips				6 Medicare tax withheld			
	Stephenside MS 56686-5761					200475.72				5813.8				
Ste						7 Social security tips				8 Allocated tips				
						249520.9			200475.72					
d Control numb	d Control number						9 Advance EIC payment			10 Dependent care benefits				
770	7707682										139			
e Employee's f	e Employee's first name and initial Last name						11 Nonqualified plans			12a See instructions for box 12				
Cox	Garage Badasa					153				D 3608				
George Dodson						13 Statutory Retirement Third-party employee plan sick pay				ı	ı			
856 Lance Lights Suite 884					еттрі	Siok pay					275			
Port Rebeccafort MN 42801-2774						14 Other (see enclosed Notice to Employee)				12c				
										D	475			
										12d				
										D	273			
f Employee's a	address and ZIP cod	le						•						
15 State En	mployer's state ID nu	ımber	16 State wages, tips, etc.	17 State income	tax	18 Local wages, tip	s, etc.	19 L	ocal inco	ome tax		20 Locality name		
PA	842-72	2-297	95000.7	5727.69		257735.6	3	40	227.	01		Williams Orchard		
ОН	097-63	3-455	110804.32	5607.17		147453.1	4	30	820.	48		Melissa Rapids		

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

