REISS	SUED	a Employee's socia	•			-	Accurate,	a di		IRS Website	
STATE	MENT	45	59-05-5318	OMB N	o. 1545-0	008 FAST	Use	G~III	at www.i	rs.gov/efile.	
<b>b</b> Employer iden	tification number				1 Wages, tips, other compensation			2	Federal income tax withheld		
86-9489566					61659.5			1	10671.66		
c Employer's na	me, address, and Z	IP code			3 Social security wages			4	4 Social security tax withheld		
Jones, Mitchell and Jackson Group					72760.29				5566.16		
404 Robinson Lane Suite 771					5 Medicare wages and tips			6			
Rowebury VT 04581-0692					73003.34				2117.1		
					7 Social security tips				8 Allocated tips		
					72760.29				73003.34		
d Control number					9 Advance EIC payment 1			10	10 Dependent care benefits		
785	0839								117		
e Employee's fire	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12		
		<b>0</b> t			207				2332		
Courtney Carter				13 Statutory Retirement Third-party employee plan sick pay			12b	1			
26239 Burnett Isle Suite 463					X Sick pay				107		
Kellyville AL 55704-5991  14 Other (see enclosed Notice to Employee) 12c							1				
Religitie An 33704 3331									475		
				12d				12d			
									220		
									330		
	ddress and ZIP code		16 State wages, tips, etc.	17 State income tax	<u> </u>	18 Local wages,	tins etc	19 Local inc	ome tay	20 Locality name	
AZ	858-59		29339.51	1395.74		9 . , .		10950		, ·	
A4	030-39	-033	Z 3 3 3 3 . 3 L	1393.74		09331.2	<u>ی</u>	10330	. 12	Clements Burg	
LA	757-60	-921	31023.42	1136.71		46834.8		6866.	37	Turner Circles	

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.

F	REISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
_	TATEMENT	45	59-05-5318	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>b</b> Emplo	yer identification number	•		•	1 Wages, tips, other compensation			2 Federal income tax withheld			
86-9489566					61659.5			10671.66			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld		
Jones, Mitchell and Jackson Group					72760.29			5566.16			
404 Robinson Lane Suite 771				5 Medicare wages and tips			6 Medicare tax withheld				
						73003.34			2117.1		
	Rowebury VT 04581-0692				7 Social security tips			8 Allocated tips			
					72760.29			73003.34			
d Contro	d Control number				9 Advance EIC payment			10 Dependent care benefits			
7850839							117				
e Emplo	yee's first name and initial	Last name			11 Nonqualified plans			12a See instructions for box 12			
	Courtney Carter 26239 Burnett Isle Suite 463 Kellyville AL 55704-5991				207  13 Statutory Retirement Third-party			2332			
					<b>X</b>				107		
					14 Other (see enclosed Notice to Employee)			12c			
								475			
				12d							
								330			
f Employee's address and ZIP code						1.0.			laa i iii		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	1	ocal income tax		20 Locality name	
AZ	858-59	-899	29339.51	1395.74		69357.25	10	950.72		Clements Burg	
LA	757-60	-921	31023.42	1136.71		46834.8	68	66.87		Turner Circles	

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

