REISSUED a Employee's social security number	Safe, Accurate, Visit the IRS Website
STATEMENT 899-05-4151	OMB No. 1545-0008 FAST! Use at www.irs.gov/efile.
b Employer identification number	1 Wages, tips, other compensation 2 Federal income tax withheld
37-4146289	89902.99 22245.21
c Employer's name, address, and ZIP code	3 Social security wages 4 Social security tax withheld
Stewart-Jones Group	77578.29 5934.74
8926 Ronald Cliffs Apt. 723	5 Medicare wages and tips 6 Medicare tax withheld
-	115385.18 3346.17
Lake Isabellaberg AK 24212-8723	7 Social security tips 8 Allocated tips
	77578.29 115385.18
d Control number	9 Advance EIC payment 10 Dependent care benefits
3744710	250
e Employee's first name and initial Last name	11 Nonqualified plans 12a See instructions for box 12
	251 9226
Garrett Moyer	13 Statutory Retirement Third-party 12b
0191 Bridges Spurs Apt. 047	employee plan sick pay 971
New Christopher VT 59989-194	14 Other (see enclosed Notice to Employee) 12c
•	P 379
	12d
	E 864
f Employee's address and ZIP code	1 004
15 State Employer's state ID number 16 State wages, tips, etc. 17 State in 17 State in 17 State in 18 State wages, tips, etc. 19 State in	ncome tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name
ID 050-99-117 46412.91 5826	.38 94368.36 10950.94 Margaret Lights
WI 004-37-745 41139.72 3746	97 70038.7 12408.86 Benjamin Causeway

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 securi	ty number		This information is being furnished to the Internal Revenue Service. If you are required					
STATEMENT	899-0	5-4151	OME	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 identification number			1 V	1 Wages, tips, other compensation			2 Federal income tax withheld		
37-4146289				89902.99			22245.21		
c Employer's name, address, and ZIP code			3 S	3 Social security wages			4 Social security tax withheld		
Stewart-Jones Group				77578.29			5934.74		
8926 Ronald Cliffs Apt. 723			5 N	a.a.a nagaa ama apa			6 Medicare tax withheld		
_				115385.18			3346.17		
Lake Isabellaberg AK 24212-8723			7 S	ocial security tips		8 Alloca	ated tips		
					77578.29			115385.18	
d Control number			9 A	Advance EIC payment			10 Dependent care benefits		
3744710	3744710							250	
e Employee's first name and initial Last name		11 N	11 Nonqualified plans			12a See instructions for box 12			
				251		9226			
Garrett Moyer		13 Statut		Third-party	12b				
0191 Bridges Spurs Apt. 047			emplo	employee plan sick pay			971		
New Christopher VT 59989-194			14 C	14 Other (see enclosed Notice to Employee)			12c		
							P	379	
							12d	1	
							E	864	
f Employee's address and ZIP co	de							•	
15 State Employer's state ID n	umber 16 Sta	ate wages, tips, etc.	17 State income to	ax	18 Local wages, tips, etc	c. 19	Local income to	ax 20 Locality name	
ID 050-99	9-117 464	12.91	5826.38		94368.36	1	0950.94	Margaret Lights	
WI 004-3	7-745 411	.39.72	3746.97		70038.7	1	2408.86	Benjamin Causeway	

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

