REISSU	a Employee's se	ocial security number			Safe, A	ccurate,	Re	AH O	Visit the	IRS Website		
STATEM	ENT	802-12-8729	OMB	No. 1545-00	008 FAST!	Use		file)	at www.i	irs.gov/efile.		
b Employer identification number				1 V	1 Wages, tips, other compensation			2 Federal income tax withheld				
88-14	152873				247688.23				81497.56			
c Employer's name, address, and ZIP code				3 8	3 Social security wages			4 Social security tax withheld				
Murphy, Carpenter and Wolf PLC					289100.17			22116.16				
599 Lawrence Islands Suite 121				5 N	- manager and apr				6 Medicare tax withheld			
Port Andrea KY 20108-6888					230331.71				6679.62			
				7 8	7 Social security tips				8 Allocated tips			
					289100.17			230331.71				
d Control number				9 A	9 Advance EIC payment			10 Dependent care benefits				
948821								266				
e Employee's first name and initial Last name				11 N	11 Nonqualified plans			12a See instructions for box 12				
_ , _,					255			н 6233				
Joseph Adams					13 Statutory Retirement Third-party employee plan sick pay			12b	1			
24313 Robert Mount				X	Jyee plan	SICK Pay			339			
East Jessicamouth FL 03247-02					14 Other (see enclosed Notice to Employee)			12c	1			
								D	165			
								12d				
								P	176			
f Employee's addre												
	ver's state ID number	16 State wages, tips, etc.	17 State income tax	K	18 Local wages, t			cal income ta	x	20 Locality name		
NH	769-47-803	130042.31	15356.07		201507.02 4		405	0523.9		Benjamin Curve		
IA	245-86-745	115047.31	12775.04		217634.0	9	304	24.13		Michele Roads		

Wage and Tax
Form W-2 Statement

5010

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 socia	I security number			This information is being furnis	hed to th	ne Internal Rev	venue Serv	ice. If you are required	
STATEMENT	80	2-12-8729	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 Employer identification number				Wages, tips, other compensation			2 Federal income tax withheld			
88-1452873				247688.23			81497.56			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Murphy, Carpenter and Wolf PLC				289100.17			22116.16			
599 Lawrence Islands Suite 121				5 Medicare wages and tips			6 Medicare tax withheld			
Port Andrea KY 20108-6888				230331.71 7 Social security tips			6679.62			
							8 Allocated tips			
				289100.17			230331.71			
d Control number				9 Advance EIC payment			10 Dependent care benefits			
948821								266		
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
Joseph Adams				255			н 6233			
				13 Statu emple		'	12b	ı		
24313 Robert Mount				X				339		
East Jessicamouth FL 03247-02				14 Other (see enclosed Notice to Employee)			12c			
							D 165			
						-	12d			
							P	176		
f Employee's address and ZIP co	de							l .		
15 State Employer's state ID r	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 19		Local income tax		20 Locality name	
NH 769-4	7-803	130042.31	15356.07		201507.02	405	23.9		Benjamin Curve	
IA 245-8	6-745	115047.31	12775.04		217634.09	304	24.13		Michele Roads	

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

