F	REISSUED	EISSUED a Employee's social security number				Safe, Accurate,				Visit the IRS Website			
S	TATEMENT	29	9-46-0768	OMB N	o. 1545-0	0008 FAS	T! Use	G	IIE	at www.i	rs.gov/efile.		
b Emplo	yer identification number				1	1 Wages, tips, other compensation			Federal income tax withheld				
45-1218674					60096.07				8879.02				
c Emplo	yer's name, address, and Z	ZIP code			3 Social security wages			4	4 Social security tax withheld				
Murphy, Miller and Buckley Group					57286.44				4382.41				
247 Laura Shores					5 Medicare wages and tips				6 Medicare tax withheld				
	Joshuamouth MA 82733-7782					55941.77				1622.31			
	Joshualiouth	MA 02/	33-1162		7 Social security tips				8 Allocated tips				
					57286.44				55941.77				
d Control number					9 Advance EIC payment 10 Depe			Depen	ndent care benefits				
	5392912								268				
e Employee's first name and initial Last name					11 Nonqualified plans			12a	12a See instructions for box 12				
						198			5517				
Anthony Ayala 825 Spence Isle Port Ashley IL 11237-5495					13 Statutory Retirement Third-party				12b				
					employee plan sick pay				D 605				
					14 Other (see enclosed Notice to Employee)				12c				
									854				
						1				12d			
									P	630			
f Employee's address and ZIP code										1000			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	ļ	18 Local wage	s, tips, etc.	19 Local	income ta	(20 Locality name		
NV	171-70	-837	29218.3	2136.23	51843.99 1		1114	L1147.37		Steven Village			
LA	469-05	-853	30992.6	3013.93	64972.32		7920	7920.57		Benjamin Ferry			

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.

	REISSUED	a Employee's soci	al security number	<u> </u>		This information is being furnis	hed to	the Internal Re	venue Serv	ice. If you are required	
	CLIOGOLD		99-46-0768	OMP No. 1545 0009 to file a tax return, a negligence penalty or other sanction may be imposed on you if							
	STATEMENT 299-46-0768 OMB N				this income is taxable and you fail to report it. 1 Wages, tips, other compensation 2 Federal income tax withheld						
45-1218674					•	60096.07		8879.02			
		ZID anda			*****			4 Social security tax withheld			
c Employer's name, address, and ZIP code					,g			,			
Murphy, Miller and Buckley Group					57286.44 5 Medicare wages and tips			4382.41			
	247 Laura Shores					Medicare wages and tips	6 Medicare tax withheld				
						55941.77		1622.31			
	Joshuamouth MA 82733-7782					Social security tips	8 Allocated tips				
						57286.44	55941.77				
d Control number					9 Advance EIC payment			10 Dependent care benefits			
	5392912							268			
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
	Anthony Ayala				198			5517			
					13 Statutory Retirement Third-party			12b			
	825 Spence Isle Port Ashley IL 11237-5495					X Sick pay 14 Other (see enclosed Notice to Employee)			605		
									12c		
									854		
								12d	1		
						!			P 630		
f Employee's address and ZIP code											
15 State	Employer's state ID nu	Employer's state ID number 16 State wages, tips, etc. 17 State income ta		18 Local wages, tips, etc. 19		19 L	Decay income tax		20 Locality name		
NV	171-70	-837	29218.3	2136.23	51843.99		11	11147.37		Steven Village	
LA	469-05	-853 30992.6 3013.93		3013.93	64972.32 7		79	7920.57		Benjamin Ferry	
	100 00		30332.0	3013.33		013,2.32		20.57		penjamin rerry	

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

