REISSU	REISSUED a Employee's social security number			Safe, Accurate,					Visit the IRS Website			
STATEM	MENT 2:	35-62-7879	OMB No	o. 1545-0	8000	FAST! Use			le	at www.i	rs.gov/efile.	
b Employer identific	b Employer identification number			1 Wages, tips, other compensation				2	2 Federal income tax withheld			
20-43	387327			228433.52				2	29346.63			
c Employer's name	e, address, and ZIP code			3 Social security wages				4	4 Social security tax withheld			
Marshall, Grant and Atkinson PLC				216186.62				1	16538.28			
1443 Katrina Wells				5 Medicare wages and tips				6				
				190108.51					5513.15			
New Nathan NY 39039-6828				7 Social security tips				8	8 Allocated tips			
				216186.62					190108.51			
d Control number				9 Advance EIC payment			10	10 Dependent care benefits				
5002056										109		
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12				
Earl Hale				120				9356				
			13 Statutory Retirement Third-party				12b					
87576 Emily Mount Apt. 000					employee plan sick pay				G 290			
					14 Other (see enclosed Notice to Employee)				12c			
North Sandra MI 43776-8055									_	400		
			12d					D 406				
							120		Ì			
									E	722		
	ess and ZIP code	_										
	yer's state ID number	16 State wages, tips, etc.	17 State income tax			wages, tips, e		19 Local in			20 Locality name	
GA	227-74-490	116837.92	7382.65		2023	26.18	3	37653	. 47		Erica Motorway	
PA	004-47-079	107308.18	7704.17		1663	52.93	3	35509	. 05		Rodriguez Roads	

Wage and Tax Statement

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 soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
STATEMENT	2:	35-62-7879	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				1 V	Vages, tips, other compensation		Federal income tax withheld			
20-4387327					228433.52		29346.63			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Marshall, Grant and Atkinson PLC				216186.62			16538.28			
1443 Katrina Wells				5 N	ledicare wages and tips		6 Medicare tax withheld			
New Nathan NY 39039-6828					190108.51		5513.15			
				7 S	ocial security tips		8 Allocated tips			
					216186.62		190108.51			
d Control number				9 Advance EIC payment			10 Dependent care benefits			
5002056							109			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
Earl Hale 87576 Emily Mount Apt. 000 North Sandra MI 43776-8055				120 13 Statutory Retirement Third-party			9356			
				emple	oyee plan sick pay		G	290		
				14 0	Other (see enclosed Notice to Employ	ee)	12c			
						D 406				
						12d				
								E 722		
f Employee's address and ZIP code										
15 State Employer's state		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	-	ocal income tax		20 Locality name	
GA 227	74-490	116837.92	7382.65		202326.18	37	653.47		Erica Motorway	
PA 004	47-079	107308.18	7704.17		166352.93	35	509.05		Rodriguez 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

