| REISSUED a Employee's social security number | | Safe, Accurate, Visit the IRS Website | | | | |
|--|--------------------|---------------------------------------|-------------------|---------------------------------|--|--|
| STATEMENT 282-78-8453 | OMB No. 1549 | 5-0008 FAST! Use | WE-TILE | at www.irs.gov/efile. | | |
| b Employer identification number | 1 | Wages, tips, other compensation | 2 Fede | ral income tax withheld | | |
| 03-6046883 | | 162156.9 | 563 | 56373.63 | | |
| c Employer's name, address, and ZIP code | 3 | Social security wages | 4 Socia | 4 Social security tax withheld | | |
| Mccormick, King and Warren Ltd | | 135128.44 | 1033 | 10337.33 | | |
| 974 Zamora Rest | 5 | | 6 Medic | | | |
| South Brittanytown ND 22212-4470 | | 146945.26 | | 4261.41 | | |
| South Brittanytown ND 22212-4470 | 7 | Social security tips | 8 Alloca | 8 Allocated tips | | |
| | | 135128.44 | | 146945.26 | | |
| d Control number | | Advance EIC payment | 10 Depe | 10 Dependent care benefits | | |
| 807026 | | | | 100 | | |
| e Employee's first name and initial Last name | | Nonqualified plans | 12a See i | 12a See instructions for box 12 | | |
| Dylan Calderon | | 121 | | 8075 | | |
| | | Statutory Retirement Third-pa | | | | |
| 780 Morrison Pine | | mployee plan sick pay | ′ | 352 | | |
| Russellfort MO 92456-0666 | 14 | Other (see enclosed Notice to Emp | ployee) 12c | 1 | | |
| Russellioit No 52430 0000 | | | н | 441 | | |
| | | | 12d | | | |
| | | | | 1.00 | | |
| | | | | 430 | | |
| f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 | 7 State income tax | 18 Local wages, tips, etc. | 19 Local income t | ax 20 Locality name | | |
| | | 3 | | | | |
| CO 885-84-224 79900.04 6 | 529.35 | 179706.18 | 19241.89 | Phillips Tunnel | | |
| PA 716-75-196 75204.15 6 | 853.0 | 177703.32 | 16346.5 | Washington Crest | | |

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.

| REISSU | a Employee's soo | cial security number | | This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if | | | | | | | |
|---|---------------------|----------------------------|---|--|-----------------------------------|--------------------------------|-----------------|-------------------------------|------------------|--|--|
| STATEM | ENT 2 | 82-78-8453 | OMB N | OMB No. 1545-0008 to life 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 identifica | tion number | | | 1 \ | 1 Wages, tips, other compensation | | | 2 Federal income tax withheld | | | |
| 03-6046883 | | | 162156.9 | | | 56373.63 | | | | | |
| c Employer's name, address, and ZIP code | | | 3 Social security wages | | | 4 Social security tax withheld | | | | | |
| Mccormick, King and Warren Ltd | | | 135128.44 | | | 10337.33 | | | | | |
| 974 Zamora Rest | | | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | | | | |
| South Brittanytown ND 22212-4470 | | | 146945.26 | | | 4261.41 | | | | | |
| | | | 7 Social security tips | | | 8 Allocated tips | | | | | |
| | | | 135128.44 | | | 146945.26 | | | | | |
| d Control number | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | | |
| 807026 | | | | | | 100 | | | | | |
| e Employee's first name and initial Last name | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | | | |
| | | | 121 | | | 8075 | | | | | |
| Dylar | Dylan Calderon | | | 13 Statutory Retirement Third-party | | | 12b | | | | |
| 780 Morrison Pine Russellfort MO 92456-0666 | | | mployee plan sick pay X Other (see enclosed Notice to Employee) | | | 352 | | | | | |
| | | | | | | 12c | | | | | |
| Russellioit Mo 32430 0000 | | н | | | | 441 | | | | | |
| | | | | | 12d | 771 | | | | | |
| | | | | | | 1 | 430 | | | | |
| f Employee's address and ZIP code | | | | | | | 1-00 | | | | |
| | r's state ID number | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips, etc. | 19 | Local income ta | X | 20 Locality name | | |
| со | 885-84-224 | 79900.04 | 6529.35 | | 179706.18 | 19 | 241.89 | | Phillips Tunnel | | |
| PA | 716-75-196 | 75204.15 | 6853.0 | | 177703.32 | 16 | 346.5 | | Washington Crest | | |

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

