F	REISSUED	a Employee's socia	l security number			Safe	, Accurate,	e 🖸	-2 HI		Visit the	IRS Webs	ite	
S	TATEMENT	67	1-75-6983	OMB N	lo. 1545-0	0008 FAS	T! Use	U			at www.i	rs.gov/efile	١.	
b Employer identification number					1	1 Wages, tips, other compensation			Federal income tax withheld					
32-3883575						232952.3			84415.03					
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld					
Casey, Green and Morales Ltd					176271.85				13484.8					
09741 Cassandra Light Apt. 584 Craigbury AR 13746-3381					5 Medicare wages and tips				6 Medicare tax withheld					
					250230 . 41 7 Social security tips				7256.68					
Clarghary Mc 15740 5501					, ,				8 Allocated tips					
						176271.85			250230.41					
d Contro					9	Advance EIC pay	ment		10 D	•	ent care be	enefits		
	3345609								148					
e Emplo	yee's first name and initial	Last name	•		11 Nonqualified plans				12a See instructions for box 12					
	Ohannan Williams					117				5052				
	Shannon Williams				13 Statutory Retirement Third-party employee plan sick pay				12b	i				
	78968 Samantha Wall Lake Jeffery MI 15373-0291									294				
						14 Other (see enclosed Notice to Employee)			12c					
dane serrery in 18878 serv									1	Е 866				
								12d						
										G	838			
f Emplo	vee's address and ZIP cod	0						-		9	030			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wage	s, tips, etc.	19 L	ocal incor	me tax		20 Locality	name	
CA	322-29	-049	117493.05	8192.47		198111.28 4		45	45956.52			Wright	Falls	
WY	763-29	-005	105625.81	9722.04		223159	. 71	36	447.	27		Juan	Ford	

Wage and Tax

Form W-2 Statement

5010

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 socia	al security number	OMB N	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							
	STATEMENT 671-75-6983 OMB N b Employer identification number					this income is taxable and you fail to report it. 1 Wages, tips, other compensation 2 Federal income tax withheld						
32-3883575					232952.3			84415.03				
	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Casey, Green and Morales Ltd						176271.85	13484.8 6 Medicare tax withheld 7256.68					
09741 Cassandra Light Apt. 584				5 1	Medicare wages and tips							
	Craigbury AR 13746-3381					250230.41						
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						Social security tips	8 Allocated tips					
						176271.85			250230.41			
d Contro	d Control number					Advance EIC payment		10 Depend	dent care b	enefits		
	3345609								148			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
	Shannon Williams				13 Statu	117 tory Retirement Third-party	5052					
	78968 Samantha Wall Lake Jeffery MI 15373-0291					14 Other (see enclosed Notice to Employee)			294			
									12c			
									E 866			
								12d				
								G	838			
	yee's address and ZIP cod		T -	T -		T				1		
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local income tax		20 Locality name		
CA	322-29	9-049	117493.05	8192.47		198111.28	45	956.52		Wright Falls		
WY	763-29	9-005	105625.81	9722.04		223159.71	36	447.27		Juan Ford		

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

