| F | REISSUED | a Employee's socia | l security number | | | | Safe, Accu | rate, | | Visit the | IRS Website | e | |
|--|---------------------------|--------------------|----------------------------|---------------------|--|--|--------------------|---------------------------------|---------------------------------------|--------------------------------|---------------|------|--|
| S ⁻ | TATEMENT | 13 | 37-29-9942 | OMB N | lo. 1545- | 8000 | FAST! Use | | wfile | at www.i | rs.gov/efile. | | |
| b Employer identification number | | | | | 1 | 1 Wages, tips, other compensation | | | | Federal income tax withheld | | | |
| 72-9947744 | | | | | | 223874.21 | | | | 24133.72 | | | |
| c Employer's name, address, and ZIP code | | | | | 3 | 3 Social security wages | | | | 4 Social security tax withheld | | | |
| Thomas-Kaufman Group | | | | | | 202364.95 | | | | 15480.92 | | | |
| 84330 Sarah Land Suite 320 Kristinton FL 60576-2469 | | | | | 5 Medicare wages and tips | | | | 6 Medicare tax withheld | | | | |
| | | | | | 262264.79 7 Social security tips | | | | 7605.68 8 Allocated tips | | | | |
| | | | | | 202364 . 95 | | | | 262264.79 | | | | |
| 1 Outside when | | | | | 9 | | | | 202204.79 10 Dependent care benefits | | | | |
| d Control number | | | | | 9 | Advance E | ic payment | | 10 Depen | | eneiits | | |
| | 8636449 | | | | | | | 168 | | | | | |
| e Employee's first name and initial Last name | | | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | | |
| Marry Markon | | | | | 288 | | | D 5517 | | | | | |
| | Mary Morton | | | | | 13 Statutory Retirement Third-party employee plan sick pay | | | | 1 | | | |
| 913 Lynn Squares Suite 958 Lake Erica NH 59567-6529 | | | | | 14 Other (see enclosed Notice to Employee) | | | | | | | | |
| | | | | | | | | 12c | | | | | |
| | | | | | | | | 802 | | | | | |
| | | | | | | | | 12d | | | | | |
| | | | | | | | | | | 641 | | | |
| | yee's address and ZIP cod | | | | | | | | | | | | |
| 15 State | Employer's state ID nu | | 16 State wages, tips, etc. | 17 State income tax | | | al wages, tips, et | | Local income tax | | 20 Locality r | name | |
| IA | 881-77 | -940 | 110833.96 | 11930.24 | | 2226 | 83.42 | 28 | 8186.93 | | Matthew | Well | |
| IA | 967-18 | -080 | 121250.34 | 9861.3 | | 2103 | 325.06 | 28 | 8990.02 | | Watkins | Port | |

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.

| F | REISSUED | ISSIIFD a Employee's social security number This information is being furnished to the Internal Revenue Service. If you are require | | | | | | | | ce. If you are required | |
|--|---|---|----------------------------|---------------------|---|--------------------------------------|-------------------------|---------------------------------|-----|-------------------------|--|
| | TATEMENT | 13 | 37-29-9942 | 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 Wages, tips, other compensation | | | Federal income tax withheld | | | |
| 72-9947744 | | | | | 223874.21 | | | 24133.72 | | | |
| c Employer's name, address, and ZIP code | | | | | 3 Social security wages | | | 4 Social security tax withheld | | | |
| Thomas-Kaufman Group | | | | | 202364.95 | | | 15480.92 | | | |
| 84330 Sarah Land Suite 320 Kristinton FL 60576-2469 | | | | | 5 N | ledicare wages and tips | 6 Medicare tax withheld | | | | |
| | | | | | | 262264.79 | | 7605.68 | | | |
| | | | | | 7 S | ocial security tips | | 8 Allocated tips | | | |
| | | | | | 202364.95 | | | 262264.79 | | | |
| d Control number | | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | |
| 8636449 | | | | | | | | 168 | | | |
| e Emplo | yee's first name and initial | Last name | e | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | |
| | Mary Morton 913 Lynn Squares Suite 958 Lake Erica NH 59567-6529 | | | | 288 | | | D 5517 | | | |
| | | | | | 13 Statutory Retirement Third-party employee plan sick pay X X | | | 12b | l | | |
| | | | | | | | | | 602 | | |
| | | | | | 14 | other (see enclosed Notice to Employ | ee) | 12c | | | |
| | | | | | | | | 802 | | | |
| | | | | | | | | 12d | | | |
| | | | | | | | | | | | |
| | | | | | 1 | | | 641 | | | |
| f Employee's address and ZIP code | | | | | | | | | | T | |
| 15 State | Employer's state ID nu | | 16 State wages, tips, etc. | 17 State income tax | | 3, , , | | 9 Local income tax | | 20 Locality name | |
| IA | 881-77 | 7-940 | 110833.96 | 11930.24 | | 222683.42 2 | | 8186.93 | | Matthew Well | |
| IA | 967-18 | 3-080 | 121250.34 | 9861.3 | | 210325.06 | 28 | 990.02 | | Watkins Port | |

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

