F	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Website					IRS Website				
STATEMENT 231-30-9640 OMB N				lo. 1545-0	008 FAST	! Use	J	7 111	e	at www.i	rs.gov/efile.		
b Employer identification number					1	1 Wages, tips, other compensation			2 Federal income tax withheld				
15-1482455						94823.4				10785.69			
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Wilson-Jones Group						99999.05				7649.93			
5977 Allison Pike						5 Medicare wages and tips				6 Medicare tax withheld			
Mondham MI 25504 5530						117602.89				3410.48			
Wardberg NH 35584-5539						7 Social security tips			8 Allocated tips				
						99999.05				117602.89			
d Control number						9 Advance EIC payment 10 Dependent care benefits					enefits		
2244896										107			
e Employee's first name and initial Last name						11 Nonqualified plans			12a See instructions for box 12				
						293				5136			
	Erica Gardner						13 Statutory Retirement Third-party employee plan sick pay				1		
15988 Long Oval East Joseph NV 19708-9826						X Sick pay				G			
					14 Other (see enclosed Notice to Employee)			yee)	12c				
										D 870			
										12d			
											l		
										E	757		
	oyee's address and ZIP cod		140 00000000000000000000000000000000000	147 00-1-1-1-1		140 1 1	Para ata	140	12			00.1	
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages,	• •		Local inc			20 Locality name	
NJ	102-16	-170	49915.03	4927.56		99443.38 1		15	5513.59			Amanda Bypass	
CA	433-79	-806	52008.9	3728.34		76986.04		17	17654.21			Harper Isle	

Wage and Tax

Form W-2 Statement

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.

R	REISSUED a Employee's social security number This information is being furnished to the Internal Revenue Service. If you are req											
	TATEMENT 231-30-9640 OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be imposed on this income is taxable and you fail to report it.								you if			
b Employer identification number					1 V	/ages, tips, other compensation		2 Federal income tax withheld				
15-1482455						94823.4		10785.69				
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Wilson-Jones Group						99999.05			7649.93			
5977 Allison Pike Wardberg NH 35584-5539						ledicare wages and tips		6 Medicare tax withheld 3410.48				
						117602.89						
Maruberg Mil 33364-3339					7 S	ocial security tips		8 Allocated tips				
						99999.05		117602.89				
d Control number						9 Advance EIC payment			10 Dependent care benefits			
	2244896							107				
e Employ	yee's first name and initial	Last name			11 Nonqualified plans			12a See instructions for box 12				
						293		5136				
	Erica Gardner					ory Retirement Third-party yee plan sick pay		12b				
15988 Long Oval					employee plan sick pay			G 994				
:	East Joseph NV 19708-9826					other (see enclosed Notice to Employ	ree)	12c				
								D 870				
								12d				
								E	E 757			
f Employee's address and ZIP code									U			
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Lo	cal income tax		20 Locality	name	
NJ	102-16	-170	49915.03	4927.56		99443.38	155	513.59		Amanda E	Bypass	
CA	433-79	-806	52008.9	3728.34		76986.04	176	554.21		Harper	Isle	

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

