REISSUED	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Website						IRS Website		
STATEMENT	66	33-73-7547	OMB N	o. 1545-(0008 FAST	Use	6	file	at www.i	rs.gov/efile.		
b Employer identification number				1	Wages, tips, other of	ompensation	2	Pedera	al income tax	x withheld		
02-7654211				236602.86				35328.01				
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Wright-Joseph LLC				248998.63				19048.4				
6641 Chapman Trafficway				5 Medicare wages and tips				6 Medicare tax withheld				
New Garrettmouth NC 49178-0400				174036.01				5047.04				
New Gattetullouth NC 491/0-0400				7 Social security tips			1	8 Allocated tips				
				248998.63				174036.01				
d Control number				9 Advance EIC payment			10	10 Dependent care benefits				
9018750								295				
e Employee's first name and initial Last name				11 Nonqualified plans			12	12a See instructions for box 12				
				178				G 3480				
Donald Coleman				13 Statutory Retirement Third-party employee plan sick pay				2b	1			
970 Donna Cape Apt. 913					Sick pay				232			
New Michaelbury AL 03103-3536				14 Other (see enclosed Notice to Employee)				2c	1			
								P	403			
							12	12d				
								Н	231			
f Employee's address and ZIP co	de											
15 State Employer's state ID n	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages,	tips, etc.	19 Loca	Il income ta	x	20 Locality name		
WY 689-5	5-918	114984.92	8763.74		199823.	74	3470	5.14		Carter Ports		
NC 982-94	4-558	109464.31	6910.45		187337.	81	3102	24.67		Clark Plains		

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	EISSUED	a Employee's socia	yee's social security number This information is being furnished to the Internal Revenue Service. If y to file a tax return, a negligence penalty or other sanction may be impos									
ST	ATEMENT	IENT 663-73-7547 OMB No. 1545-0008			to file a tax return this income is tax				ction may b	e imposed on you if		
b Employ	yer identification number			•	1	Wages, tips, other comp	ensation	2	Federa	l income ta	x withheld	
02-7654211					236602.86			3	35328.01			
c Employer's name, address, and ZIP code					3 Social security wages			4	4 Social security tax withheld			
Wright-Joseph LLC					248998.63			1	19048.4			
6641 Chapman Trafficway				5 Medicare wages and tips				6 Medicare tax withheld				
New Garrettmouth NC 49178-0400				174036.01				5047.04				
				7 Social security tips			8	8 Allocated tips				
				248998.63				174036.01				
d Control number				9 Advance EIC payment			10	10 Dependent care benefits				
9018750									295			
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12				
				178				G 3480				
	Donald Coleman				13 Statutory Retirement Third-party			12b		1		
970 Donna Cape Apt. 913					employee plan sick pay				D 232			
New Michaelbury AL 03103-3536					14 Other (see enclosed Notice to Employee)					1		
New Michaelbury All 03103 3330								P	403			
							12d	12d				
									н	231		
f Employ	vee's address and ZIP cod	le										
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	L	18 Local wages, tips,	etc.	19 Local in	come tax	(20 Locality name	
WY	689-55	5-918	114984.92	8763.74	199823.74 34		34705	4705.14		Carter Ports		
NC	982-94	l-558	109464.31	6910.45		187337.81		31024	. 67		Clark Plains	

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

