R	REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website						IRS Website		
ST	TATEMENT	74	17-80-2333	OMB N	o. 1545-0	0008 FAST! U	se 🐃	5 ~11	le)	at www.i	rs.gov/efile.		
b Employ	b Employer identification number					1 Wages, tips, other compensation			2 Federal income tax withheld				
65-1636977						115440.53			39986.19				
c Emplo	yer's name, address, and 2	ZIP code			3 Social security wages			4	4 Social security tax withheld				
Alexander-Jacobs Inc					126468.37			9	9674.83				
16875 Lozano Knoll Apt. 874					5 Medicare wages and tips			6					
					101375.45				2939.89				
West Williamtown MI 68086-8095					7 Social security tips			8	8 Allocated tips				
					126468.37				101375.45				
d Control number					9 Advance EIC payment 10 Dependent care beni				enefits				
2245187									250				
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12				
	Justin Wu				171				5609				
					13 Statutory Retirement Third-party								
40669 Houston Burgs				employee plan sick pay 14 Other (see enclosed Notice to Employee)				G	757				
Whitebury OH 94537-4755								12c					
WHITCEDELY OH 34337 4733								G 153					
							12d						
								_	600				
									P	603			
f Employ 15 State	yee's address and ZIP cod Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,	etc	19 Local in	come tax		20 Locality name		
KY	608-64		55039.73	4904.39		113573.67		21941			West Garden		
1/1	000-04					113373.07		- 1941	. 0 /		Mest Garden		
NJ	930-96	-462	54478.45	5577.74		117002.0		12240	.85		Jeffrey Park		

Wage and Tax Statement

Form W-2

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.

F	REISSUED	a Employee's soc	•		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									
S	STATEMENT 747-80-2333 OMB No. 1545-0008 this income is taxable and you fail to report it.								iii you ii					
b Emplo	b Employer identification number					1 Wages, tips, other compensation				Federal income tax withheld				
65-1636977						115440.53			39986.19					
c Emplo	oyer's name, address, and	3 Social security wages			4 Social security tax withheld									
Alexander-Jacobs Inc 16875 Lozano Knoll Apt. 874 West Williamtown MI 68086-8095					126468.37			9674.83						
					5 Medicare wages and tips 101375.45				6 Medicare tax withheld					
									2939.89					
					7 Social security tips				8 Allocated tips					
					126468.37				101375.45					
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits					
	2245187						250							
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12					
	Justin Wu				171 13 Statutory Retirement Third-party			5609						
40669 Houston Burgs Whitebury OH 94537-4755					employée plan sick pay			G 757						
					14 Other (see enclosed Notice to Employee)				12c					
									G 153					
								12d						
									P	603				
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax						140 1 1:	40	Local inco			00			
15 State			16 State wages, tips, etc.			18 Local wages, tips, etc.					20 Localit	•		
KY	608-64	4-233	55039.73	4904.39		113573.67	21	941.	87		West (Garden		
NJ	930-96	6-462	54478.45	5577.74		117002.0	12	240.	85		Jeffre	y Park		

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

