KEIGGGED . 7	cial security number		Safe, Accurate, Visit the IRS Website				IRS Website		
STATEMENT 1	196-96-7335	OMB N	o. 1545-00	008 FAST! Use	\mathcal{G}^{γ}	ile)	at www.ii	rs.gov/efile.	
b Employer identification number			1 V	Vages, tips, other compensation	2	Federa	l income tax	withheld	
73-4871434			67449.49			8976.24			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld			
Oneill-Tucker Group			62022.85			4744.75			
312 Patricia Stravenue Apt. 118 Jamesstad VA 06319-3026			5 Medicare wages and tips			6 Medicare tax withheld			
			59438.86 7 Social security tips			1723.73 8 Allocated tips			
d Control number			9 A	Advance EIC payment	10	Depend	dent care be	enefits	
8251214							110		
e Employee's first name and initial Last na	me		11 N	lonqualified plans	12a	See ins	structions f	for box 12	
Sarah Lindsey			172			4591			
			13 Statutory Retirement Third-party employee plan sick pay			12b			
37332 Kristina Alley			empi	Sick pay		P	212		
East Rodney IN 38522-9680			14 (Other (see enclosed Notice to Emplo	yee) 12 0	;	I		
_						D	619		
					120	i	i		
						G	518		
f Employee's address and ZIP code							•		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Local	income tax	:	20 Locality name	
MD 668-40-611	35868.14	1642.22		50635.84	9321	.59		Mccarthy Estates	
WV 530-06-540	32722.08	1627.97		55624.17	9700	.51		Mccullough Valleys	

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.

REISSUE	a Employee's so	cial security number			This information is being furnis	hed to t	he Internal Re	venue Serv	ice If you are required	
	- -	•	OMP 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						
STATEME	.1 1 1	196-96-7335	OIVIB IN	OMB No. 1545-0008 this income is taxable and you fail to report it.						
b Employer identification number			1 Wages, tips, other compensation			Federal income tax withheld				
73-4871434			67449.49			8976.24				
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld				
Oneill-Tucker Group			62022.85			4744.75				
312 Patricia Stravenue Apt. 118 Jamesstad VA 06319-3026			5 Medicare wages and tips			Medicare tax withheld				
			59438.86			1723.73				
			7 Social security tips			8 Allocated tips				
					62022.85			5943		
d Control number				9 A	dvance EIC payment		10 Depend	dent care be	enefits	
82512:	L 4							110		
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Sarah Lindsey			172			4591				
			13 Statu	tory Retirement Third-party		12b				
37332 Kristina Alley			empl	oyee plan sick pay		P	212			
_			14 (Other (see enclosed Notice to Employ	(00)	12c				
East Rodney IN 38522-9680			14 Other (see enclosed Notice to Employee)							
						D 619				
						-	12d			
							G	518		
f Employee's address	7ID					-		310		
1 . 7	r's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Lo	cal income tax	(20 Locality name	
	668-40-611	35868.14	1642.22		3.7,7,7,		321.59		1	
עניו עניו	000-40-011	33606.14	1042.22		30033.64	232			Mccarthy Estates	
WV !	530-06-540	32722.08	1627.97		55624.17	970	0.51		Mccullough Valleys	

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

