REISSUED a Employee's social security number	Safe, Accurate, Visit the IRS Website				
STATEMENT 731-09-3982	OMB No. 1545-0008 FAST! Use at www.irs.gov/efile.				
b Employer identification number	1 Wages, tips, other compensation 2 Federal income tax withheld				
20-4606876	239345.86 50579.49				
c Employer's name, address, and ZIP code	3 Social security wages 4 Social security tax withheld				
Gonzalez, Nichols and Fitzpatrick PLC	281247.72 21515.45				
007 Bowen Coves	5 Medicare wages and tips 6 Medicare tax withheld				
North Ronaldstad IL 15531-7007	309927.92 8987.91				
North Ronards and The 19991 7007	7 Social security tips 8 Allocated tips 309927.92				
d Control number	9 Advance EIC payment 10 Dependent care benefits				
9905290	214				
e Employee's first name and initial Last name	11 Nonqualified plans 12a See instructions for box 12				
e Employee's ilist hame and ililital					
Russell Clayton	140 G 9758				
Russell Clayton	13 Statutory Retirement Third-party employee plan sick pay				
191 Wade Well	G 954				
Port Laura WY 83259-8265	14 Other (see enclosed Notice to Employee) 12c				
	P 925				
	12d				
	D 171				
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				
WV 750-29-565 118156.47 1369	0.4 249568.69 40704.45 Taylor Landing				
NH 209-09-567 123044.91 1228	4.58 220791.89 37332.17 Martin Ridge				

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.

REISSUED	a Employee's soc	ial security number		This information is being furnished to the Internal Revenue Service. If you are required							
STATEMENT	7	31-09-3982	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 nu	mber			1 \	Vages, tips, other compensation	2 Federal income tax withheld					
20-4606876			239345.86			50579.49					
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld					
Gonzalez, Nichols and Fitzpatrick PLC			281247.72			21515.45					
007 Bowen Coves			5 Medicare wages and tips			6 Medicare tax withheld					
North Ronaldstad IL 15531-7007			309927.92			8987.91					
			7 Social security tips			8 Allocated tips					
			281247.72			309927.92					
d Control number			9 /	9 Advance EIC payment			10 Dependent care benefits				
9905290								214			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Russell Clayton 191 Wade Well Port Laura WY 83259-8265			140			G 9758					
			13 Statu			12b	1				
			employee plan sick pay 14 Other (see enclosed Notice to Employee)			G	G 954				
						12c					
						P	P 925				
						İ	12d				
						D	D 171				
f Employee's address and											
15 State Employer's star	e ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 19		9 Local income tax		20 Locality name		
WV 750	-29-565	118156.47	13690.4		249568.69	40	704.45		Taylor Landing		
NH 209	-09-567	123044.91	12284.58		220791.89	37	332.17		Martin Ridge		

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

