REISSUED a Employee's se	ocial security number						IRS Website	
STATEMENT	339-64-3865	OMB N	o. 1545-000	FAST! Use		at www.	irs.gov/efile.	
b Employer identification number			1 Wa	ages, tips, other compensation	2 F	Federal income tax withheld		
62-7982084				99540.97	24	24931.17		
c Employer's name, address, and ZIP code				cial security wages	4 8	4 Social security tax withheld		
Fisher, Vargas and Morrow Ltd				80296.04	61	6142.65		
77670 Brenda Lock				dicare wages and tips	6 N	6 Medicare tax withheld		
1				85714.58		2485.72		
North Arthurfort GA 69861-1307				cial security tips	8 A	8 Allocated tips		
				80296.04		85714.58		
d Control number			9 Advance EIC payment 10 Dependent care be			enefits		
6462142						120		
e Employee's first name and initial Last name			11 No	nqualified plans	12a S	12a See instructions for box 12		
Jacqueline Olson 791 Harris Ports				213		2788		
			13 Statutor		12b	1		
			employe			955	955	
Cooperton KS 38571-6349				ner (see enclosed Notice to Emplo	yee) 12c	1		
						270		
					12d	12d		
						E 271		
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 inco	me tax	20 Locality name	
MI 133-26-622	51002.48	5430.33	9	94531.51	13983.	22	Reed Plaza	
PA 596-79-029	51991.82	4081.4]:	109266.31	18344.	33	Buchanan Spring	

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	al security number		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						
ST	ATEMENT	33	39-64-3865	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 Employ	b Employer identification number				1 Wages, tips, other compensation			Federal income tax withheld			
62-7982084				99540.97			24931.17				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Fisher, Vargas and Morrow Ltd				80296.04			6142.65				
77670 Brenda Lock				5 Medicare wages and tips			6 Medicare tax withheld				
North Arthurfort GA 69861-1307				85714.58 7 Social security tips			2485.72 8 Allocated tips				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
6462142				120							
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Jacqueline Olson			213			2788					
			13 Stat			12b	i				
791 Harris Ports				emp	loyee plan sick pay			955			
Cooperton KS 38571-6349				14 Other (see enclosed Notice to Employee)			270				
								E 271			
	ee's address and ZIP cod			•							
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	1	Local income tax		20 Locality name	
MI	133-26	5-622	51002.48	5430.33		94531.51	13	983.22		Reed Plaza	
PA	596-79	0-029	51991.82	4081.4		109266.31	18	344.33		Buchanan Spring	

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

