Wage and Tax Statement	010	Department of the TreasuryInternal Revenue Service							
WA 077-50-491 105178.42 628	9.63	254	1068.34	3238	31.41		Martin Flats		
KY 714-73-020 102708.26 562	1.66	202	2342.58	3365	55.27		Ramirez Summit		
	ate income tax	18 Lo	ocal wages, tips, etc.	19 Loca	al income tax	:	20 Locality name		
f Employee's address and ZIP code				1:	D D	544			
Hermandezborough IL 41703-915						997			
Hernandezborough IL 41703-915			ee enclosed Notice to Employ	/ee) 1:	2c	500			
332 Veronica Center			plan sick pay	17	P 568				
Curtis Young		197 13 Statutory Retirement Third-party			G 6787				
e Employee's first name and initial Last name		11 Nonqualified plans			12a See instructions for box 12				
4554191					145				
d Control number			9 Advance EIC payment			10 Dependent care benefits			
			218265.53			172129.99			
Williamfort FL 20930-4339		7 Social security tips			8 Allocated tips				
56769 Johnson Lane			5 Medicare wages and tips 172129.99			6 Medicare tax withheld 4991.77			
Owen, Myers and Brooks Group			218265.53			16697.31 6 Medicare tax withheld			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld			
87-6428236			207903.29			33298.52			
b Employer identification number			tips, other compensation	1	2 Federal income tax withheld				
STATEMENT 735-21-9522	OMB No. 15	545-0008	FAST! Use	se 1	file	at www.ir	s.gov/efile.		
REISSUED a Employee's social security number			Safe, Accurate,			Visit the	IRS Website		

Statement Form W-2 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 social security numi	oer		This information is being furnished to the internal Revenue Service. If you are required						
STATEMENT	735-21-9	522	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 number			Wages, tips, other compensation			2 Federal income tax withheld				
87-6428236			207903.29			33298.52				
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld				
Owen, Myers and Brooks Group				218265.53			16697.31			
56769 Johnson Lane Williamfort FL 20930-4339			5 Medicare wages and tips 172129.99 7 Social security tips			6 Medicare tax withheld 4991.77 8 Allocated tips				
			218265.53			172129.99				
d Control number			9 Advance EIC payment			10 Dependent care benefits				
4554191						145				
e Employee's first name and initia	e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12			
Curtis Young 332 Veronica Center			197 13 Statutory Retirement Third-party employee plan sick pay			G 6787				
						12b	l			
						P 568				
			14 Other (see enclosed Notice to Employee)			120				
Hernandezborough IL 41703-915		915	The Cartin (continuous realists to Employee)							
						997				
						12d	l			
							D	544		
f Employee's address and ZIP co	ode									
15 State Employer's state ID r	number 16 State wage	es, tips, etc.	State income tax		18 Local wages, tips, etc.	19 L	ocal income tax		20 Locality n	iame
KY 714-7	3-020 102708	.26 56	21.66		202342.58	33	655.27		Ramirez S	Jummit
WA 077-5	0-491 105178	. 42 62	289.63		254068.34	32	381.41		Martin 1	Flats

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

