REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website						
STATEMENT 843-85-638	1 OMB N	No. 1545-0008	FAST! Use		'file	at www.irs.gov/efile.		
b Employer identification number	<u>.</u>	1 Wages	s, tips, other compensation		2 Federal income tax withheld			
66-1489753			2053.68		12952.69			
c Employer's name, address, and ZIP code		3 Social	security wages		4 Social security tax withheld			
Walton, Miller and Coleman and Sons			1330.68		4921.3			
6870 Anderson Turnpike Marissafurt AR 84870-3007			are wages and tips		6 Medicare tax withheld			
			3412.6		1693.97			
			security tips		8 Allocated tips			
			1330.68		58412.6			
d Control number			ce EIC payment		10 Depend	dent care benefits		
3848818						239		
e Employee's first name and initial Last name			alified plans		12a See instructions for box 12			
Marie Ramos 090 Moore Crossroad Apt. 103 West Jeremy MO 82413-3522			170			G 8060		
			Retirement Third-pa	arty	12b			
			plan sick pay		P	688		
			(see enclosed Notice to Emp	oloyee)	12c	1		
						746		
				-	12d			
						535		
f Employee's address and ZIP code				-		333		
15 State Employer's state ID number 16 State wages, ti	ps, etc. 17 State income tax	18	Local wages, tips, etc.	19 Lo	ocal income tax	20 Locality name		
UT 921-21-660 33185.88	1127.23	56	56474.57		08.16	Meghan Points		
KY 708-78-000 32602.53	1678.93	71	71088.12		256.57	Snow Skyway		

Wage and Tax

Form W-2 Statement

5010

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 soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required								
S	TATEMENT	84	43-85-6381	OMB No	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>b</b> Emplo	<b>b</b> Employer identification number				1 Wages, tips, other compensation					2 Federal income tax withheld			
66-1489753			62053.68					12952.69					
c Employer's name, address, and ZIP code				3 Social security wages					4 Social security tax withheld				
Walton, Miller and Coleman and Sons				64330.68					4921.3				
6870 Anderson Turnpike Marissafurt AR 84870-3007				5 Medicare wages and tips 58412.6					6 Medicare tax withheld 1693.97				
				7 Social security tips					8 Allocated tips				
					64330.68					58412.6			
d Control number			9 Advance EIC payment					10 Dependent care benefits					
3848818								239					
e Employee's first name and initial Last name			11 Nonqualified plans					12a See instructions for box 12					
_				170					G 8060				
Marie Ramos			13 Statutory Retirement Third-party					12b					
090 Moore Crossroad Apt. 103			Emp X	oyee	plan	sick pay			P	688			
West Jeremy MO 82413-3522			14 (	Other (see	enclosed No	tice to Employ	ree)	12c					
										746			
							F	12d					
										124		ſ	
								535					
	oyee's address and ZIP coo		T	T		T							T
<b>15</b> State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		10 2000 110 200 110 110				Decal income tax			20 Locality name
UT	921-21	L-660	33185.88	1127.23		56474.57 6			64	3408.16			Meghan Points
KY	708-78	3-000	32602.53	1678.93		7108	8.12		10:	256.	. 57		Snow Skyway

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

