REISSUED	a Employee's so	cial security number			Safe	e, Accurate,	200	H	Visit the	IRS Website		
STATEMEN	т 5	559-53-2943	OMB N	o. 1545-00	008 FAS	T! Use	6		at www.i	rs.gov/efile.		
b Employer identification number				1 Wages, tips, other compensation			2	Federal income tax withheld				
03-5815	03-5815090				94708.16				15293.85			
c Employer's name, add	ess, and ZIP code			3 Social security wages				4 Social security tax withheld				
Morrow, Black and Fleming and Sons				66710.56				5103.36				
4606 Jessica Heights Apt. 174				5 Medicare wages and tips				6 Medicare tax withheld				
Hernandezbury MT 66854-7735				89579.71				2597.81				
nernandezbury Mi 00054-7755				7 Social security tips			8	8 Allocated tips				
				66710.56				89579.71				
d Control number				9 Advance EIC payment			10	10 Dependent care benefits				
5194194								135				
e Employee's first name and initial Last name				11 Nonqualified plans			12	12a See instructions for box 12				
				207				5713				
Andrew Boyle				13 Statutory Retirement Third-party employee plan sick pay				b	i			
320 Kevin Ferry				X				G 350				
Clayshire WI 23647-2421				14 Other (see enclosed Notice to Employee)				C	1			
								D	D 433			
							12	12d				
								H	212			
f Employee's address a												
	state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wage	· ·		income ta		20 Locality name		
WY 09	2-43-683	51137.13	3016.2		91824.	03	1122	1.02		Morales Shore		
ок 56	59-66-393	46655.45	3966.33		68703.	57	1297	6.21		Michael Villages		

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 s	ocial security number			This information is bein							
STATEMENT	•	559-53-2943	OMB N	o. 1545-0	to file a tax return, a ne this income is taxable a				ction may b	e imposed on you if		
b Employer identification number				1 Wages, tips, other compensation			2 Federal income tax withheld					
03-5815090				94708.16			15293.85					
c Employer's name, addres	c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld			
Morrow, Black and Fleming and Sons				66710.56				5103.36				
4606 Jessica Heights Apt. 174				5 Medicare wages and tips			6 Medicare tax withheld					
			89579.71				2597.81					
Hernandezbury MT 66854-7735				7 Social security tips				8 Allocated tips				
				66710.56			89579.71					
d Control number				9 Advance EIC payment			10 Dependent care benefits					
5194194	5194194								135			
e Employee's first name an	e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
				207			5713					
Andrew Boyle 320 Kevin Ferry Clayshire WI 23647-2421				13 Statutory Retirement Third-party sick pay X Statutory Plan Sick pay 14 Other (see enclosed Notice to Employee)				12b				
								G 350				
								12c				
								D	433			
							12d					
								Н	212			
f Employee's address and										•		
15 State Employer's sta		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local inc			20 Locality name		
WY 092	2-43-683	51137.13	3016.2		91824.03	1	1221	. 02		Morales Shore		
OK 569	9-66-393	46655.45	3966.33		68703.57	1:	2976	.21		Michael Villages		

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

