REISSUED	a Employee's socia	al security number		Safe, Accurate,					Visit the IRS Website				
STATEMENT	73	37-92-8076	OMB	No. 1545-0	008 <b>FAS</b> 1	Γ! Use	G I	16	at www.i	rs.gov/efile	-		
<b>b</b> Employer identification number	1 \	1 Wages, tips, other compensation				2 Federal income tax withheld							
74-327575		207473.75				40590.07							
c Employer's name, address, a	3 5	3 Social security wages				4 Social security tax withheld							
Fuller Gro		206217.32				15775.62							
73737 Felicia Greens					5 Medicare wages and tips				6 Medicare tax withheld				
Dixonfurt OK 35449-2210					185299.56				5373.69				
DIXOIIIUIC	7 5	7 Social security tips				8 Allocated tips							
		206217.32				185299.56							
d Control number	9 /	9 Advance EIC payment				10 Dependent care benefits							
8803220						260							
e Employee's first name and in	11 1	11 Nonqualified plans				12a See instructions for box 12							
		124			D 1849								
Wesley		13 Statutory Retirement Third-party employee plan sick pay											
230 James	X		sick pay			510							
New Nicho	14 (	14 Other (see enclosed Notice to Employee)											
New Nicholasmouth FL 49190-									D 795				
									12d				
						454							
f Employee's address and ZIP	code												
15 State Employer's state II	number	16 State wages, tips, etc.	17 State income ta	х	18 Local wages	, tips, etc.	19 Local in	come tax	(	20 Locality	name		
MD 411-	34-248	109609.72	8684.26		154226.	63	32046	.96		Walker	Forks		
ND 393-	21-771	100963.33	8586.25		245662.	99	27848	3.14		Joseph	Locks		

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 numbe	r		This information is being furnished to the Internal Revenue Service. If you are required									
S	TATEMENT	7:	37-92-80	76	OMB	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							1 Wages, tips, other compensation 2					Federal income tax withheld			
74-3275751							207473.75			40590.07					
c Employer's name, address, and ZIP code						3 5	3 Social security wages				4 Social security tax withheld				
Fuller Group Ltd							206217.32				15775.62				
73737 Felicia Greens						5 1	5 Medicare wages and tips				6 Medicare tax withheld				
Dixonfurt OK 35449-2210						185299.56				5373.69					
						7 Social security tips				8 Allocated tips					
							206217.32				185299.56				
d Control number						9 Advance EIC payment				10 Dependent care benefits					
8803220										260					
e Employee's first name and initial Last name					11 Nonqualified plans 12a See instruction					tructions	for box 12				
					124				D 1849						
Wesley Conley						13 Statu	,	Third-party	,	12b					
230 James Extensions Apt. 539					employee plan sick pay					510					
New Nicholasmouth FL 49190-					14 (	Other (see enclosed N	lotice to Emplo	yee)	12c		I				
										D	795				
								ŀ	12d						
										E	454				
f Employee's address and ZIP code							T		[				ı		
15 State	Employer's state ID n		16 State wages		17 State income tax					9 Local income tax			20 Locality	/ name	
MD	411-34	1-248	109609.	72	8684.26		154226.63		32	32046.96			Walker	Forks	
ND	393-21	L-771	100963.	33	8586.25		245662.99 2		27	27848.14			Joseph	Locks	

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

