F	REISSUED	a Employee's socia	•			Sa	ife, Accurate,	IRe O	H	Visit the	IRS Website		
S ⁻	TATEMENT	40	8-32-7338	OMB	No. 1545-0	008 F <i>A</i>	ST! Use		<i>file</i>	at www.i	rs.gov/efile.		
b Employer identification number					1	1 Wages, tips, other compensation				Federal income tax withheld			
71-7121003						203445.49				45138.79			
c Employer's name, address, and ZIP code					3	3 Social security wages				4 Social security tax withheld			
Alvarado, Simpson and Moody and Sons						220811.27				16892.06			
883 Long Islands					5					6 Medicare tax withheld			
						178289.66				5170.4			
New Jacqueline KY 66121-2409					7	7 Social security tips			8 Allocated tips				
						220811.27			178289.66				
d Control number					9	9 Advance EIC payment			10 Dependent care benefits				
5068574									212				
e Employee's first name and initial Last name					11	11 Nonqualified plans			12a See instructions for box 12				
Rick Lee 163 Smith Ville East Travis NJ 45836-9545					157				G 8686				
					13 Statutory Retirement Third-party employee plan sick pay			ty 12	b	1			
									G	910			
					14	14 Other (see enclosed Notice to Employee)				1			
										265			
								12	12d				
									G	622			
f Emplo	oyee's address and ZIP cod	e											
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wa	ges, tips, etc.	19 Local	income ta	X	20 Locality name		
TN	917-77	-920	107018.93	7756.82		17882	0.7	2317	9.4		Price Centers		
OK	914-61	-537	108823.53	8233.48		18614	7.81	3637	5.82		Green Turnpike		

Wage and Tax

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 social security number This information is being furnished to the Internal Revenue Service. If you							ce. If you are required				
STATEMENT	40	08-32-7338	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			
71-7121003					203445.49			45138.79			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Alvarado, Simpson and Moody and Sons					220811.27			16892.06			
883 Long Islands New Jacqueline KY 66121-2409					5 Medicare wages and tips			6 Medicare tax withheld			
					178289.66			5170.4			
					7 Social security tips			8 Allocated tips			
					220811.27	178289.66					
d Control number					9 Advance EIC payment			10 Dependent care benefits			
5068574							212				
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
Rick Lee				157			G 8686				
				13 Statutory Retirement Third-party			12b				
163 Smith Ville East Travis NJ 45836-9545					employee plan sick pay X 14 Other (see enclosed Notice to Employee)			910			
								12c			
								0.65			
								265			
							12d	ı			
								G 622			
f Employee's address and ZIP code											
15 State Employer's state ID	State Employer's state ID number 16 Sta				3,.,.,		Local income tax	20 Locality name			
TN 917-7	7-920	107018.93	7756.82	178820.7		23	23179.4		Price Centers		
OK 914-6	1-537	108823.53	8233.48		186147.81	36	375.82		Green Turnpike		

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

