F	REISSUED a Employee's social security number				Safe, Accurate,					Visit the IRS Website			
S	TATEMENT	28	37-75-6219	OMB N	o. 1545-	8000	FAST! Use		5~ IL	<i>le</i>	at www.i	rs.gov/efile.	
b Emplo	yer identification number				1 Wages, tips, other compensation				2	2 Federal income tax withheld			
	60-6673782					59993.31				11070.16			
c Emplo	yer's name, address, and Z	IP code			3	3 Social security wages				4 Social security tax withheld			
Knight, Mccoy and Nicholson Inc						53453.92				4089.22			
7074 Middleton Gardens Suite 146					5 Medicare wages and tips				6	• modical o tax maniola			
	Johnsonmouth WY 38473-6187					60210.7				1746.11			
bomisoimiouch wi 30475-0107					7 Social security tips				8				
					53453.92 9 Advance EIC payment					60210.7 10 Dependent care benefits			
d Contro					9	Advance El	C payment		10	Depend		enefits	
2483756									246				
e Employee's first name and initial Last name					11 Nonqualified plans			12a	12a See instructions for box 12				
	~	ı			132					7891			
	Stanley Adams					13 Statutory Retirement Third-party employee plan sick pay					1		
6248 Pamela Vista Suite 014					employee plan sick pay					н 898			
New Danachester WV 21369-9695					14 Other (see enclosed Notice to Employee)				e) 12c		i I		
										H	619		
									12d	12d			
										н	106		
f Employee's address and ZIP code											100		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Loca	wages, tips, e	tc.	19 Local inc	come tax		20 Locality name	
CT	934-58	-510	27466.92	2714.16		44239.86 1		10039.69		Bird Overpass			
RI	874-01	-116	30632.67	2355.57		6637	8.63		11320	12		Jorge Wells	
7/1	374 01		150052.07	2333.37		5057	0.05		520			DOIGE WELLS	

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 are required to file a tax return, a negligence penalty or other sanction may be imposed on you if						
	STATEMENT 207 73 0219				this income is taxable and you fail to report it.							
b Employ	yer identification number				1	Wages, tips, other compensation	Federal income tax withheld					
60-6673782						59993.31	11070.16					
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Knight, Mccoy and Nicholson Inc					53453.92			4089.22				
7074 Middleton Gardens Suite 146 Johnsonmouth WY 38473-6187					5	Medicare wages and tips	6 Medicare tax withheld 1746.11					
						60210.7						
					7	Social security tips	8 Allocated tips					
						53453.92	60210.7					
d Control number						9 Advance EIC payment			10 Dependent care benefits			
	2483756								246			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
Ober less Adems						132	7891					
	Stanley Adams 6248 Pamela Vista Suite 014 New Danachester WV 21369-9695					utory Retirement Third-party loyee plan sick pay		12b	1			
						employee plan sick pay			н 898			
						14 Other (see enclosed Notice to Employee)			1			
									619			
								12d	017			
							н 106					
f Employee's address and ZIP code												
15 State	Employer's state ID nu	umber	16 State wages, tips, etc.	17 State income tax		3.,,,,,,,		Local income	e tax	20 Locality name		
CT	934-58	3-510	27466.92	2714.16		44239.86 1		0039.69		Bird Overpass		
RI	874-01	L-116	30632.67 2355.57		66378.63			320.1	2	Jorge Wells		

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

