| REISSUED a Employee's social security number | Safe, Accurate, Visit the IRS Website | | | | | | | |
|--|---|--|--|--|--|--|--|--|
| STATEMENT 699-46-4022 | OMB No. 1545-0008 FAST! Use at www.irs.gov/efile. | | | | | | | |
| b Employer identification number | 1 Wages, tips, other compensation 2 Federal income tax withheld | | | | | | | |
| 98-0736965 | 97534.04 15457.41 | | | | | | | |
| c Employer's name, address, and ZIP code | 3 Social security wages 4 Social security tax withheld | | | | | | | |
| Morales, Wang and Williams LLC | 85913.4 6572.38 | | | | | | | |
| 607 Farmer Neck | 5 Medicare wages and tips 6 Medicare tax withheld | | | | | | | |
| Maniatary DE 20210 0450 | 77836.19 2257.25 | | | | | | | |
| Mariatown DE 39319-0456 | 7 Social security tips 8 Allocated tips | | | | | | | |
| | 85913.4 77836.19 | | | | | | | |
| d Control number | 9 Advance EIC payment 10 Dependent care benefits | | | | | | | |
| 3610331 | 228 | | | | | | | |
| e Employee's first name and initial Last name | 11 Nonqualified plans 12a See instructions for box 12 | | | | | | | |
| | 133 P 7652 | | | | | | | |
| Alexander Ellis | 13 Statutory Retirement Third-party 12b | | | | | | | |
| 160 Davis Curve | mployee plan sick pay E 763 | | | | | | | |
| South Jennifer NC 78110-5852 | 14 Other (see enclosed Notice to Employee) 12c | | | | | | | |
| , , , , , , , , , , , , , , , , , , | 336 | | | | | | | |
| | 12d | | | | | | | |
| | E 201 | | | | | | | |
| f Employee's address and ZIP code | | | | | | | | |
| 15 StateEmployer's state ID number16 State wages, tips, etc.17 State | ncome tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name | | | | | | | |
| IA 066-02-330 45779.45 1769 | .5 109964.2 18596.27 Martin Court | | | | | | | |
| VA 180-53-301 46790.37 2026 | .4 108688.3 18942.75 Hill Mission | | | | | | | |

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.

| F | REISSUED | a Employee's socia | • | | 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 | | | | | | | | |
|--|--|--------------------|----------------------------|-------------------------------------|--|------------------------|-------------------------------------|---------------------------------|----------------------------|------|------------|------------------|------------------------|
| S | TATEMENT | 69 | 99-46-4022 | 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 Emplo | yer identification number | | | | 1 ' | Wages, tips, other cor | es, tips, other compensation 2 Fede | | | | income tax | withheld | |
| 98-0736965 | | | | 97534.04 | | | | 15457.41 | | | | | |
| c Employer's name, address, and ZIP code | | | | 3 Social security wages | | | | 4 Social security tax withheld | | | | | |
| Morales, Wang and Williams LLC | | | | 85913.4 | | | | 6572.38 | | | | | |
| 607 Farmer Neck Mariatown DE 39319-0456 | | | | 5 Medicare wages and tips 77836.19 | | | | 6 Medicare tax withheld 2257.25 | | | | | |
| | | | | | | | | | | | | | 7 Social security tips |
| | | | | | | | | | 85913.4 | | | | 77836.19 |
| d Contro | d Control number | | | | 9 Advance EIC payment | | | | 10 Dependent care benefits | | | | |
| | 3610331 | | | | | | | | 228 | | | | |
| e Emplo | e Employee's first name and initial Last name | | | 11 Nonqualified plans | | | | 12a See instructions for box 12 | | | | | |
| Alexander Ellis 160 Davis Curve | | | | 133 | | | | P 7652 | | | | | |
| | | | | 13 Statutory Retirement Third-party | | | | 12b | | | | | |
| | | | | employee plan sick pay | | | | | E | 763 | | | |
| South Jennifer NC 78110-5852 | | | | | 14 Other (see enclosed Notice to Employee) | | | | 12c | | | | |
| South Jenniter NC /6110-5652 | | | | | | | | | | 336 | | | |
| | | | | | | ŀ | 12d | | 330 | | | | |
| | | | | | | | | | | _ | | | |
| | | | | | | | | ļ | | E | 201 | | |
| f Emplo 15 State | oyee's address and ZIP co Employer's state ID n | | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tip | | 10.1 | ocal inc | | | 20 Locality name | |
| | · · | | 5 | | | | • | | | | | , | |
| IA | 066-02 | 2-330 | 45779.45 | 1769.5 | | 109964.2 | | 18 | 596 | . 21 | | Martin Cour | |
| VA | 180-53 | 3-301 | 46790.37 | 2026.4 | | 108688.3 | | 18 | 942 | . 75 | | Hill Mission | |

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

