REISSUED a Employee	's social security number		Safe, Accurate, Visit the IRS Website					ite			
STATEMENT	214-75-2351	OMB N	o. 1545-00	008 FAST! U	se	5~ III	le)	at www.irs	gov/efile).	
b Employer identification number			1 V	Vages, tips, other com	pensation	2	Federal	income tax v	withheld		
36-2323740			198846.84				31547.11				
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld			
Wilson and Sons Group			237276.7			1	18151.67				
5367 Collins Forges			5 Medicare wages and tips				6 Medicare tax withheld				
Joshuaberg VA 91938-4543			220961.22 7 Social security tips				6407.88 8 Allocated tips				
d Control number			9 A	dvance EIC payment		10	Depende	ent care ben	efits		
8550680	8550680						227				
e Employee's first name and initial La	ist name		11 N	lonqualified plans		12a	See ins	tructions fo	r box 12		
			150				5555				
Michael Collier			13 Statu		Third-party	12b					
5315 Wanda Crossing Apt. 014			emple	plan X	sick pay			911			
Foleyshire NV 09039-8300			14 0	Other (see enclosed No	tice to Employe	e) 12c					
1010,511110 111	03033 0300						E	750			
						12d					
							н	728			
f Employee's address and ZIP code								-			
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips	, etc.	19 Local inc	ome tax		20 Locality	name	
OR 559-01-632	91764.19	10971.38		169200.98	3	34851	.89		Roth	Ports	
ID 830-68-086	102091.94	8132.31		257089.87		31578	.28		Paula I	anding	

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 socia	al security number			This information is being furnis	hed to	the Interna	l Revenue Sen	vice. If you are required	
STATEMENT	2	14-75-2351	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				1 V	Vages, tips, other compensation	iaii to	2 Federal income tax withheld			
36-2323740				198846.84			31547.11			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld				
Wilson and Sons Group			237276.7			18151.67				
5367 Collins Forges			5 Medicare wages and tips 220961.22 7 Social security tips			6 Medicare tax withheld 6407.88 8 Allocated tips				
										Joshuaberg VA 91938-4543
	237276.7									
d Control number				9 A	dvance EIC payment		10 De	pendent care b	enefits	
8550680								227		
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Michael Collier			150			5555				
			13 Statu emple			12b	i			
5315 Wanda Crossing Apt. 014				X			911			
Foleyshire NV 09039-8300			14 Other (see enclosed Notice to Employee)			12c				
						E	750			
						Ī	12d			
							н	728		
f Employee's address and ZIP of	ode									
15 State Employer's state ID	number	16 State wages, tips, etc.	17 State income tax	-	18 Local wages, tips, etc.	19 L	ocal incom	e tax	20 Locality name	
OR 559-0	1-632	91764.19	10971.38		169200.98	34	851.8	9	Roth Ports	
ID 830-6	8-086	102091.94	8132.31		257089.87	31	578.2	:8	Paula Landing	

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

