F	REISSUED	a Employee's socia	I security number				Safe, Accu	rate,		H	Visit the	IRS Website)
S	TATEMENT	12	21-48-9734	OMB N	lo. 1545-0	8000	FAST! Use		5~	ile)	at www.i	rs.gov/efile.	
b Employer identification number					1	1 Wages, tips, other compensation				Federal income tax withheld			
44-3447019						181403.95				56253.65			
c Emplo	yer's name, address, and 2	ZIP code			3	3 Social security wages				4 Social security tax withheld			
Wells-Conrad Group						173430.96				13267.47			
98666 Brett Drive Suite 708 West Anna AK 35287-9678					5 Medicare wages and tips				6				
					212394 . 61 7 Social security tips					6159.44 8 Allocated tips			
					173430.96				"	212394.61			
d Control number					9					10 Dependent care benefits			
7366950					9	Auvance	LIC payment		10	Depei	158	enents	
		1			11 Nonqualified plans			40	12a See instructions for box 12				
e Employee's first name and initial Last name				11 Nonqualified plans			12	12a See instructions for box 12					
	61					237				н 5950			
Christopher Duncan 29153 Melissa Knoll Suite 107 Kaylamouth WI 85790-5442					13 Statutory Retirement Third-party sick pay X 14 Other (see enclosed Notice to Employee)				12	b	1		
										P	339		
									e) 12	С	1		
									P	807			
					İ				12	12d			
										G	941		
f Emplo	yee's address and ZIP cod	е											
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Loc	cal wages, tips, e	tc.	19 Local	income ta	x	20 Locality n	ame
MI	657-69	-901	94375.72	8589.05		171	762.01	:	2326	1.75		Annette	Dale
NV	658-93	-528	82746.73	7206.4		191	421.79	:	3104	5.97		Mitchell (Greens

Wage and Tax

Form W-2

This information is being furnished to the Internal Revenue Service.

5070 **Statement** Copy B--To Be Filed with Employee's FEDERAL Tax Return

Department of the Treasury--Internal Revenue Service

Cut here. Keep lower portion for your records.

F	REISSUED a Employee's so	This information is being furnished to the Internal Revenue Service. If you are required									
_		.21-48-9734	OMB No	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	b Employer identification number				Vages, tips, other compensation	2 Federal income tax withheld					
44-3447019				181403.95			56253.65				
c Emplo	c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Wells-Conrad Group				173430.96			13267.47				
98666 Brett Drive Suite 708				5 N	ledicare wages and tips	6 Medicare tax withheld					
	West Anna AK 35287-9678				212394.61	6159.44					
west Anna Ak 35287-9678				7 8	ocial security tips	8 Allocated tips					
					173430.96	212394.61					
d Contro	d Control number				9 Advance EIC payment			10 Dependent care benefits			
	7366950							158			
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
Christopher Duncan				237 13 Statutory Retirement Third-party			H 5950				
	29153 Melissa Knoll Suite 107				employee plan sick pay			339			
Kaylamouth WI 85790-5442					14 Other (see enclosed Notice to Employee)			ı			
				1			P	P 807			
							12d	i			
								941			
f Employee's address and ZIP code								•			
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax		· · · · · · · · · · · · · · · · · · ·		Local income tax		20 Locality name		
MI	657-69-901	94375.72	8589.05	171762.01 2		23	261.75	Annette Dale			
NV	658-93-528	82746.73	7206.4		191421.79		.045.97	Mitchell Greens			

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

