F	REISSUED	a Employee's socia	•			Safe, Accura	ite,	A STILO	Visit the	IRS Website		
S	TATEMENT	76	66-74-1399	OMB N	o. 1545-0	008 FAST! Use		√file	at www.i	rs.gov/efile.		
b Employer identification number					1	1 Wages, tips, other compensation			Federal income tax withheld			
38-7848446						93916.7			28863.3			
c Emplo	oyer's name, address, and 2	IP code			3 Social security wages			4 Social security tax withheld				
Gordon, Joyce and Harper Ltd					120050.82			9183.89				
886 Wheeler Creek Suite 496 Herreramouth CO 04245-2914					5	Medicare wages and tips		6 Medicare tax withheld				
						115726.85		3356.08				
	nerreramout	11 00 0	1213 2311		7 Social security tips			8 Allocated tips				
					120050.82			115726.85				
d Contr	ol number				9	9 Advance EIC payment			10 Dependent care benefits			
	3162992							287				
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12				
						276			D 3047			
Henry Jones 85501 Anthony Burg Williamville GA 19797-4938					13 Statutory Retirement Third-party sick pay 14 Other (see enclosed Notice to Employee)			12b	i			
								G	627	627		
								12c	i			
								784				
								12d				
									448			
f Emplo	ovee's address and ZIP cod	e										
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local income ta	X	20 Locality name		
FL	190-94	-638	50137.83	3453.62		110467.38	13	3838.79		Angelica Crossroad		
AZ	585-81	-659	50881.5	4879.31		75200.38	16	6091.42		Castillo Alley		

Wage and Tax Statement

Form W-2

5070

Department of the Treasury--Internal Revenue Service

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.

R	REISSUED	This information is being furnished to the Internal Revenue Service. If you are required									
SI	STATEMENT 766-74-1399 OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be imposed on y this income is taxable and you fail to report it.								e imposed on you if		
b Employer identification number					1 Wages, tips, other compensation			2 Federal income tax withheld			
38-7848446						93916.7			28863.3		
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld		
Gordon, Joyce and Harper Ltd 886 Wheeler Creek Suite 496 Herreramouth CO 04245-2914					120050.82			9183.89			
					5 1	Medicare wages and tips	6 Medicare tax withheld				
					115726.85			3356.08			
					7 Social security tips			8 Allocated tips			
						120050.82			115726.85		
d Control number					9 Advance EIC payment			10 Dependent care benefits			
	3162992								287		
e Emplo	yee's first name and initial	Last nar	ne		11 Nonqualified plans			12a See instructions for box 12			
						276			D 3047		
	Henry Jones				13 Statutory Retirement Third-party			12b			
	85501 Anthony Burg Williamville GA 19797-4938					employee plan sick pay			627		
								G	627		
,						14 Other (see enclosed Notice to Employee)			12c		
								784			
								12d			
									448		
f Employee's address and ZIP code							[
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		10 2000 110 300, 110 110 110		D Local income tax		20 Locality name	
FL	190-94	1-638	50137.83	3453.62	110467.38 1		13	L3838.79		Angelica Crossroad	
AZ	585-81	L-659	50881.5	4879.31		75200.38	16	091.42		Castillo Alley	

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

