REISSUED a Employee's social security number	Safe, Accurate, Visit the IRS Website					
STATEMENT 027-68-4177	OMB No. 1545-00	008 FAST! Use	at www	v.irs.gov/efile.		
b Employer identification number	1 \	Vages, tips, other compensation	2 Federal income	tax withheld		
10-5088904		124382.04	13024.0	13024.0		
c Employer's name, address, and ZIP code	3 5	Social security wages	4 Social security to	4 Social security tax withheld		
Wilson-Powell LLC		157108.33	12018.79	12018.79		
58102 Jones Dam	5 1	Medicare wages and tips		6 Medicare tax withheld		
Juliashire MD 08692-2389		145696.38		4225.2		
Juliashire MD 08692-2389	7 5	Social security tips	•	8 Allocated tips		
		157108.33	145	145696.38		
d Control number	9 /	Advance EIC payment	10 Dependent care	10 Dependent care benefits		
2635294			252			
e Employee's first name and initial Last name		lonqualified plans	12a See instruction	12a See instructions for box 12		
		264	D 737	D 7379		
Christopher Murphy		tory Retirement Third-party	12b			
89738 Susan Forks	empl	oyee plan sick pay	559			
West Jeremyport OK 70747-3773	14 (Other (see enclosed Notice to Employ	yee) 12c			
			987			
			12d	12d		
			447			
f Employee's address and ZIP code						
15 State Employer's state ID number 16 State wages, tips, etc. 17 State in	ncome tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
PA 772-04-779 65010.0 5581	. 82	100797.42	24742.79	Fuentes Plains		
UT 441-43-368 63585.09 5983	.19	109982.17	22810.67	Lee Parkway		

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.

REISSUED	a Employee's socia	al security number							rice. If you are required
STATEMENT	02	27-68-4177	ON	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				2 Federal income tax withheld		
10-5088904				124382.04			13024.0		
c Employer's name, address, and ZIP code			3 8	3 Social security wages			4 Social security tax withheld		
Wilson-Powell LLC				157108.33			12018.79		
58102 Jones Dam			5 N	The state of the s			6 Medicare tax withheld		
Juliashire MD 08692-2389				145696.38			4225.2		
			7 8	7 Social security tips			8 Allocated tips		
				157108.33			145696.38		
d Control number			9 A	9 Advance EIC payment			10 Dependent care benefits		
2635294							252		
e Employee's first name and initial Last name		11 N	11 Nonqualified plans			12a See instructions for box 12			
			264			D 7379			
Christopher Murphy		13 Statu		Third-party	12b				
89738 Susan Forks			empl	employee plan sick pay			559		
West Jeremyport OK 70747-3773			14 (14 Other (see enclosed Notice to Employee)			i		
west seremyport on vovav sivis			987						
			12d						
								447	
								447	
f Employee's address and ZIP co		16 State wages, tips, etc.	17 State income	n tov	18 Local wages, tips	oto	19 Local incom	o tov	20 Locality name
, ,, , , , , , , , , , , , , , , , , , ,		=				,			,
PA 772-0	4-//9	65010.0	5581.82		100797.42	<u>. </u>	24742.7	9	Fuentes Plains
UT 441-4	3-368	63585.09	5983.19)	109982.17	,	22810.6	57	Lee Parkway

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

