REISSUED		ial security number			Safe	e, Accurate,	e D	.∠GH		Visit the	IRS Webs	ite	
STATEMEN [*]	6	87-48-4651	OMB N	lo. 1545-00	008 FAS	T! Use	G		e	at www.ii	rs.gov/efile	Э.	
b Employer identification number				1 Wages, tips, other compensation				2 Federal income tax withheld					
46-2639	.20			212912.12				50137.29					
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
Mccarty, Austin and Phillips PLC					190997.99				14611.35				
76879 Robert Lane Suite 667					5 Medicare wages and tips				6 Medicare tax withheld				
West Ronaldborough HI 37205-3093					242985.49				7046.58				
west Ronal aborough HI 37203-3093					7 Social security tips				8 Allocated tips				
					190997.99			242985.49					
d Control number					9 Advance EIC payment 10 De				•	ependent care benefits			
5394340								284					
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12					
Jennifer Jordan				141				E 5317					
beimillel boldan					tory Retire	ment Third-party sick pay		12b	ĺ				
33124 Cochran Harbors Apt. 334						x				257			
New Javier MI 85604-8096					14 Other (see enclosed Notice to Employee)				12c				
									н 423				
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					!				D	546			
f Employee's address an							, [
' '	te ID number	16 State wages, tips, etc.	17 State income tax		18 Local wage			ocal inco			20 Locality	y name	
MT 82	1-98-880	111397.79	8890.21		225759	. 41	35	156.	44		Aaron	Ports	
ні 06	7-09-247	102036.68	9347.93		171709.25 4		40	40159.16			Lopez S	Streets	

Wage and Tax
Form W-2 Statement

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.

RE	EISSUED	a Employee's socia	l security number		This information is being furnished to the Internal Revenue Service. If you are required							
	ATEMENT	68	37-48-4651	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 Employe	b Employer identification number				1 V	Vages, tips, other compensation	10 10	2 Federal income tax withheld				
46-2639120					212912.12			50137.29				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Mccarty, Austin and Phillips PLC					190997.99			14611.35				
76879 Robert Lane Suite 667					5 N	Medicare wages and tips		6 Medicare tax withheld				
West Ronaldborough HI 37205-3093					242985.49		7046.58					
				7 Social security tips			8 Allocated tips					
					190997.99	242985.49						
d Control number				9 Advance EIC payment			10 Dependent care benefits					
5394340							284					
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12					
Jennifer Jordan				141 13 Statutory Retirement Third-party employee plan sick pay			E 5317					
33124 Cochran Harbors Apt. 334				Х	X			257				
New Javier MI 85604-8096				14 0	Other (see enclosed Notice to Employ	12c						
							H	н 423				
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								D	546			
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.	10.1	ocal income tax		00 1 11			
										20 Locality	•	
MT	824-98	-88U	111397.79	8890.21		225759.41	35	156.44		Aaron	Ports	
HI	067-09	-247	102036.68	9347.93		171709.25	40	159.16		Lopez S	Streets	

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

