REISSUED		s's social security number			Safe, Accurate,					Visit the	IRS Websi	te	
STATEMENT	01	.4-65-9433	OMB N	No. 1545-00	008 <b>FA</b>	ST! Use	<b>G</b>		Ü	at www.i	rs.gov/efile	<b>-</b>	
<b>b</b> Employer identification number				1 \	1 Wages, tips, other compensation				2 Federal income tax withheld				
87-0501821					182572.48				47351.76				
c Employer's name, address, and ZIP code				3 8	3 Social security wages				4 Social security tax withheld				
Grant, Morris and Fisher Group					195808.05				14979.32				
1691 Townsend Greens Cassandramouth AK 72772-7601				5 1	gg				6 Medicare tax withheld				
				192071.24				5570.07					
				7 Social security tips				8 Allocated tips					
					195808.05				192071.24				
d Control number				9 /	9 Advance EIC payment			10 Dependent care benefits					
7953722								243					
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12					
David Matthews					169			3935					
				13 Statutory Retirement Third-party employee plan sick pay				12b					
1088 Brian Extensions Apt. 279				X	X					566			
Michellestad OH 96830-1141				14 (	Other (see encl	osed Notice to Empl	oyee)	12c		Ī			
									G	G 205			
			12d										
									E	138			
f Employee's address and ZIP co	de									ı			
15 State Employer's state ID n	umber	16 State wages, tips, etc.	17 State income tax		18 Local way	ges, tips, etc.	19 Lo	ocal inco	me tax		20 Locality	name	
PA 122-64	4-697	95486.93	6192.67		212399	9.23	272	283.	15		Manuel	Spur	
TX 193-00	)-784	82626.34	6705.53		215130	0.08	20:	113.	58		Marshall	Curve	

Wage and Tax Statement

Form W-2

5070

Cut here. Keep lower portion for your records.

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.

REISSUED	a Employee's soc	ial security number			This information is being furnis						
STATEMENT	г   о	14-65-9433	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>b</b> Employer identification number				1 Wages, tips, other compensation			2 Federal income tax withheld				
87-0501821				182572.48			47351.76				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Grant, Morris and Fisher Group				195808.05			14979.32				
1691 Townsend Greens				5 Medicare wages and tips			6 Medicare tax withheld				
Cassandramouth AK 72772-7601					192071.24		5570.07				
				<b>7</b> S	ocial security tips		8 Allocated tips				
					195808.05		192071.24				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
7953722							243				
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
David Matthews 1088 Brian Extensions Apt. 279 Michellestad OH 96830-1141				13 Statu	169		3935				
				emplo <b>X</b>	x		566				
				14 C	ther (see enclosed Notice to Employ	ree)	12c				
							G 205				
							12d				
							E	138			
f Employee's address and											
	ate ID number	16 State wages, tips, etc.	17 State income tax				ocal income tax	(	20 Locality name		
PA 12	2-64-697	95486.93	6192.67		212399.23 2		283.15		Manuel	Spur	
TX 19	3-00-784	82626.34	6705.53		215130.08	201	L13.58		Marshall	Curve	

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

