REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website					
STATEMENT 750-58-7640	OMB No. 1545-0	008 FAST! Use	at www.irs.gov/efile.				
b Employer identification number	1	Wages, tips, other compensation	Federal income tax withheld				
54-5529722		99038.55	10785.48				
c Employer's name, address, and ZIP code	3	Social security wages	4 Social security tax withheld				
Moss-Le and Sons		77483.98	5927.52				
26209 Gonzales Mountain Apt. 347	5	Medicare wages and tips	6 Medicare tax withheld				
Allenmouth VA 06010-1080		93239.67	2703.95				
Allenmouth VA 00010-1000	7	Social security tips	8 Allocated tips				
		77483.98	93239.67				
d Control number	9	Advance EIC payment	10 Dependent care benefits				
4385531			186				
e Employee's first name and initial Last name	11	Nonqualified plans	12a See instructions for box 12				
Larry Hughes		135	D 9033				
		utory Retirement Third-party	/ 12b				
3723 Jessica Glens Suite 829	emp	loyee plan sick pay	760				
South Maureen KS 93755-2104	14	Other (see enclosed Notice to Emplo	oyee) 12c				
			716				
			12d				
			D 129				
f Employee's address and ZIP code			•				
15 State Employer's state ID number 16 State wages, tips, etc. 17 State	e income tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name				
MI 949-01-243 49072.16 5434	4.18	96704.63	11854.88 Debbie Fall				
SD 685-41-302 50203.1 4789	9.32	99738.05	10094.37 Hurst Strea				

Wage and Tax Statement 5070

Department of the Treasury--Internal Revenue Service

Form W-2 Statement
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.

REISSUE	D a Employee's so	cial security number		This information is being furnished to the Internal Revenue Service. If you are required								
STATEMEN	NT T	750-58-7640	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 Employer identification	b Employer identification number			1 Wages, tips, other compensation			2 Federal income tax withheld					
54-5529722			99038.55			10785.48						
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld						
Moss-Le and Sons			77483.98			5927.52						
26209 Gonzales Mountain Apt. 347 Allenmouth VA 06010-1080			5 Medicare wages and tips 93239.67			6 Medicare tax withheld 2703.95						
									7 Social security tips			8 Allocated tips
			77483.98			93239.67						
			d Control number			9 Advance EIC payment			10 Dependent care benefits			
4385531						186						
e Employee's first name and initial Last name			11 Nonqualified plans 12a See instruction			tructions f	or box 12					
Larry Hughes			135			D 9033						
			13 Statu emp	otory Retirement Third-party oyee plan sick pay		12b						
3723 Jessica Glens Suite 829			X 760									
South Maureen KS 93755-2104			14 (Other (see enclosed Notice to Employe	ee)	12c						
							716					
						12d						
						D	129					
f Employee's address	and 7ID code					-	ם	123				
1 . /	state ID number	16 State wages, tips, etc.	17 State income tax	<u> </u>	18 Local wages, tips, etc.	19 L	ocal income tax		20 Locality name			
MI 9	49-01-243	49072.16	5434.18		96704.63	11	854.88		Debbie Falls			
SD 6	85-41-302	50203.1	4789.32		99738.05	10	094.37		Hurst Stream			

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

