REISSUED	a Employee's socia	al security number			Safe	Accurate,	200	ile)	Visit the	IRS Websi	te
STATEMENT	03	34-88-5244	OMB No	o. 1545-00	008 FAS	Γ! Use	\mathcal{G}^{γ}		at www.i	rs.gov/efile	-
b Employer identification number				1 Wages, tips, other compensation				2 Federal income tax withheld			
95-4599364				246373.31				33778.54			
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld			
Taylor Ltd and Sons				269434.5				20611.74			
3911 Madison Harbors Suite 010				5 Medicare wages and tips				6 Medicare tax withheld			
East Anna WA 97824-0586				203964.59				5914.97			
				7 Social security tips				8 Allocated tips			
					269434.	5			2039	64.59	
d Control number				9 Advance EIC payment			10	10 Dependent care benefits			
6160366								201			
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12			
				163				D 2884			
John Mccarthy				13 Statutory Retirement Third-party			12b				
2746 Amanda Summit Apt. 667					employee plan sick pay				E 676		
Reidland PA 11636-7413				14 (Other (see enclose	ed Notice to Emplo	yee) 12c				
								998			
							120	12d			
									l		
									281		
f Employee's address and ZIP		140 00000000000000000000000000000000000	147 00010		140 1	Para de	140			00 1	
15 State Employer's state ID		16 State wages, tips, etc.	17 State income tax		18 Local wages		19 Local		(20 Locality	
ID 274-	71-477	119934.61	5542.28		280563.	71	4216	5.32		Barnes	Court
PA 729-8	31-341	116488.76	4377.93		227350.	13	4172	3.72		Jennifer	Drives

Wage and Tax
Form W-2 Statement

5010

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.

RI	EISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if						
ST	ATEMENT	03	34-88-5244	OMB No	OMB No. 1545-0008 this income is taxable and you fail to report it.						
b Employe	b Employer identification number				1 Wages, tips, other compensation			2 Federal income tax withheld			
95-4599364				246373.31			33778.54				
c Employe	c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Taylor Ltd and Sons				269434.5			20611.74				
3911 Madison Harbors Suite 010				5 Medicare wages and tips			6 Medicare tax withheld				
_						203964.59	5914.97				
East Anna WA 97824-0586				7 Social security tips			8 Allocated tips				
				269434.5			203964.59				
d Control	d Control number				9 Advance EIC payment			10 Dependent care benefits			
6	6160366							201			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
	John Mccarthy				163			D 2884			
boin McCartny			13 Statutory Retirement Third-party employee plan sick pay			12b	Ī				
2	2746 Amanda Summit Apt. 667			X			E	676			
F	Reidland PA 11636-7413			14 Other (see enclosed Notice to Employee)			12c				
101010110						998					
								12d	1		
									281		
	ee's address and ZIP coo		T	T		1				T	
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local income tax		20 Locality name	
ID	274-71	L-477	119934.61	5542.28		280563.71	42	165.32		Barnes Court	
PA	729-81	L-341	116488.76	4377.93		227350.13	41	728.72		Jennifer Drives	

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

