F	REISSUED a Employee's social security number			Safe, Accurate,					Visit the IRS Website				
S	TATEMENT	04	7-08-6504	OMB N	lo. 1545-	8000	FAST! Use		G	≁file	at www.	irs.gov/efile.	
b Employer identification number						1 Wages, tips, other compensation				Federal income tax withheld			
25-5127953						59447.47				20491.59			
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Nash-Riley LLC						47319.66				3619.95			
899 Cook Vista					5 Medicare wages and tips					6 Medicare tax withheld			
	Jenniferbury HI 51513-5719					46629.81				1352.26			
						7 Social security tips				8 Allocated tips			
					47319.66			46629.81					
d Control number					9 Advance EIC payment				10 Dependent care benefits				
1375008											300		
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
						151				D 4910			
	Megan Hughes 91243 Derrick Mall Apt. 863 North Steve TN 83305-8190					13 Statutory Retirement Third-party sick pay X 14 Other (see enclosed Notice to Employee)				12b			
										392			
										12c			
										107			
									12d				
										P	373		
f Emplo	vee's address and ZIP cod	•								<u>_</u>	3/3		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	-	18 Loc	cal wages, tips, et	c.	19 L	ocal income	tax	20 Locality name	
AR	668-68	-586	26804.61	1612.13		63905.18 9		93	9313.45		Jackson Mount		
												†	
WV	231-21	-829	28828.84	1300.29		473	79.3		70	32.56		Thompson Harbors	

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.

REISSUED	REISSUED a Employee's social security number			This information is being furnished to the Internal Revenue Service. If you are required							
STATEMENT	STATEMENT 047-08-6504 OMB N				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	ages, tips, other compe	ensation	2 Feder	al income tax	withheld		
25-5127953					59447.47			20491.59			
c Employer's name, address, and	3 S	3 Social security wages			4 Social security tax withheld						
Nash-Riley		47319.66			3619.95						
899 Cook V	5 N	ledicare wages and tips		6 Medic	• modicaro tax mamoid						
T					46629.81			1352.26			
Jenniferbu	Jenniferbury HI 51513-5719					7 Social security tips			8 Allocated tips		
					47319.66			46629.81			
d Control number					9 Advance EIC payment			10 Dependent care benefits			
1375008								300			
e Employee's first name and initia	Last name	e		11 N	11 Nonqualified plans			12a See instructions for box 12			
					151			D 4910			
Megan Hughes 91243 Derrick Mall Apt. 863					13 Statutory Retirement Third-party						
					employee plan sick pay			392			
North Ste	14 Other (see enclosed Notice to Employee)			e) 12c	12c						
North Steve TN 83305-8190								107			
							12d	12d			
							P	373			
f Employee's address and ZIP co					373						
15 State Employer's state ID n		16 State wages, tips, etc.	17 State income tax	<u> </u>	18 Local wages, tips,	etc. 1	9 Local income ta	ax	20 Locality name		
AR 668-6		26804.61	1612.13		63905.18		9313.45		Jackson Mount		
			 								
WV 231-2	1-829	28828.84	1300.29		47379.3	7	7032.56		Thompson Harbors		

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

