REISSUED	a Employee's socia	•			Safe	, Accurate,	re 🖸	AHIO.	Visit the	IRS Website		
STATEMENT	2:	L8-35-9502	OMB	No. 1545-0	008 FAS	T! Use	<u></u>	rfile)	at www.i	rs.gov/efile.		
b Employer identification number				1 '	1 Wages, tips, other compensation			2 Federal income tax withheld				
85-2831918					243295.75			56795.8				
c Employer's name, address, and ZIP code				3	3 Social security wages			4 Social security tax withheld				
Walker, Mcpherson and Chen Group					232877.29			17815.11				
2905 Mann Drives				5	5 Medicare wages and tips				6 Medicare tax withheld			
					265650.21				7703.86			
Shannonview MS 94863-1502				7	7 Social security tips			8 Allocated tips				
					232877.29			265650.21				
d Control number				9	9 Advance EIC payment 10			10 Depend	Dependent care benefits			
7709692									174			
e Employee's first name and initial Last name				11	11 Nonqualified plans			12a See instructions for box 12				
				199				9045				
Russell Bird					13 Statutory Retirement Third-party employee plan sick pay							
59785 Smith Ridges				emp	employee plan sick pay			н 204				
_				14	Other (see enclose	ed Notice to Emplo	yee)	12c				
Lake Williammouth IN 89241-2129									050			
				958								
								120	l			
									759			
f Employee's address and ZIP co			-		1					•		
15 State Employer's state ID n		16 State wages, tips, etc.	17 State income ta:	x	18 Local wages	• •		ocal income tax	[20 Locality name		
NH 927-83	3-056	115463.51	7323.46		180427.52 2		28	28751.67		Karen Crossing		
MD 962-92	2-646	127950.39	6404.4		314379.79 33		33	33438.4		James Crest		

Wage and Tax

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.

F	REISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required					
_	TATEMENT	21	L8-35-9502	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 Employer identification number				Wages, tips, other compensation			2 Federal income tax withheld			
85-2831918				243295.75			56795.8			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Walker, Mcpherson and Chen Group				232877.29			17815.11			
2905 Mann Drives				5 Medicare wages and tips			6 Medicare tax withheld			
Shannonview MS 94863-1502					265650.21		7703.86			
				7 Social security tips			8 Allocated tips			
				232877.29			265650.21			
d Control number				9 Advance EIC payment			10 Dependent care benefits			
7709692								174		
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
			199			9045				
Russell Bird				13 Statutory Retirement Third-party employee plan sick pay			12b			
59785 Smith Ridges				empio	pyee plan sick pay		Н	204		
Lake Williammouth IN 89241-2129				14 (Other (see enclosed Notice to Employ	/ee)	12c			
Lake WIIIIammouth IN 69241-2129								958		
				!			12d			
									l	
							759			
f Employee's address and ZIP code					T				1	
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		ocal income tax		20 Locality name
NH	927-83	3-056	115463.51	7323.46		180427.52	28	751.67		Karen Crossing
MD	962-92	-616	127950.39	6404.4		314379.79	33	438.4		Tamas Onset
שיי	962-92	040	12/350.39	0404.4		3143/3./3	دد	430.4		James Crest

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

