REISSUED	a Employee's socia	al security number			Sa	ife, Accurate,	Re 🚹	HIO	Visit the	IRS Website	
STATEMENT	24	18-74-2838	OMB No	o. 1545-0	008 F	ST! Use	G	√file >	at www.i	rs.gov/efile.	
b Employer identification number				1 Wages, tips, other compensation				Federal income tax withheld			
63-4069243				45400.8				14325.46			
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld			
Morgan, Watkins and Moyer Group				47524.91				3635.66			
1162 Villarreal Mill Suite 538				5 Medicare wages and tips				6 Medicare tax withheld			
Audreyside RI 47477-1758			57441 . 41 7 Social security tips				1665.8 8 Allocated tips				
				•	47524	•		3 / 11100a1	5744	1.41	
d Control number				9 Advance EIC payment				10 Dependent care benefits			
6895049								210			
e Employee's first name and initial Last name			11 Nonqualified plans				12a See instructions for box 12				
Stephen Ellis			119				E 9729				
			13 Statutory Retirement Third-party employee plan sick pay			/	12b	1			
85473 Eileen Trail Suite 224			x				G	G 642			
New Jose NY 24858-0546				14	Other (see enc	osed Notice to Emplo	yee)	12c	I		
							G	G 498			
							Ī	12d	1		
								D	218		
f Employee's address and Zli											
15 State Employer's state	D number	16 State wages, tips, etc.	17 State income tax		18 Local wa	ges, tips, etc.	19 L	ocal income ta	x	20 Locality name	
IN 082-	55-265	24527.97	2267.71		51602.79		55	5574.34		Ford Village	
IA 907-	42-439	21286.84	1488.45	45000.35 57		57	5786.15		Romero Haven		

Wage and Tax

Form W-2 Statement

5070

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	a Employee's soci	•		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						
	TATEMENT	24	48-74-2838	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.						
b Emplo	yer identification number				1 Wages, tips, other compensation			Federal income tax withheld			
63-4069243				45400.8			14325.46				
c Emplo	c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Morgan, Watkins and Moyer Group				47524.91			3635.66				
1162 Villarreal Mill Suite 538				5 Medicare wages and tips			6 Medicare tax withheld				
	Audreyside RI 47477-1758					57441.41	1665.8				
AudreySide Ri 4/4//-1/36				7 Social security tips			8 Allocated tips				
				47524.91			57441.41				
d Contro	d Control number				9 Advance EIC payment			10 Dependent care benefits			
6895049							210				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Stephen Ellis			119 13 Statutory Retirement Third-party			E 9729					
			employee plan sick pay				1				
85473 Eileen Trail Suite 224				X		G	642				
	New Jose NY 24858-0546			14 Other (see enclosed Notice to Employee)			12c	ı			
			1			G	G 498				
							İ	12d	1		
							D	218			
	yee's address and ZIP co			_			[
15 State	Employer's state ID n		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local income to	X	20 Locality name	
IN	082-55	5-265	24527.97	2267.71		51602.79	55	74.34		Ford Village	
IA	907-42	2-439	21286.84	1488.45		45000.35	57	86.15		Romero Haven	

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

