REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website				IRS Website		
STATEMENT 224-43-8910	OMB No	o. 1545-000	98 FAST! Use		<b>***********</b>	at www.i	rs.gov/efile.	
<b>b</b> Employer identification number		1 W	ages, tips, other comper	nsation	2 Fed	eral income ta	x withheld	
77-9773477			158586.2			52668.87		
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld		
Parker, Shelton and Mitchell LLC			116813.0			8936.19		
35436 Joseph Stream North Tiffanyhaven NM 75698-9237			5 Medicare wages and tips			6 Medicare tax withheld		
			114867.01			3331.14		
			7 Social security tips			8 Allocated tips		
			116813.0			1148	67.01	
d Control number		<b>9</b> Ad	dvance EIC payment		<b>10</b> Dep	endent care b	enefits	
2755686						128		
e Employee's first name and initial Last name			11 Nonqualified plans 12a See instructions for b			for box 12		
			209			н 2054		
Amy Young		13 Statutory Retirement Third-party employee plan sick pay			12b	1		
216 Bauer Summit Mcclainmouth TX 52000-1389			x sick pay			333		
			ther (see enclosed Notic	e to Employee)	12c	· ·		
						480		
						D 480		
						316		
f Employee's address and ZIP code  15 State Employer's state ID number 16 State wages, tips, etc.	17 State income tax		40    tinn -	ha   140	9 Local income	4	20	
			18 Local wages, tips, e				20 Locality name	
OR 024-52-971 83622.4	4037.64		124946.51	3	0336.6	2	Lee Stravenue	
WY 730-95-512 78432.6	3177.27		111602.85	2	4566.3	1	Dean Fall	

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	a Employee's so	ocial security number		This information is being furnished to the Internal Revenue Service. If you are required						
STATEME		224-43-8910	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>b</b> Employer identification	• •			Wages, tips, other compensation			2 Federal income tax withheld			
77-9773477			158586.2			52668.87				
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld				
Parker, Shelton and Mitchell LLC			116813.0			8936.19				
35436 Joseph Stream				5 Medicare wages and tips			6 Medicare tax withheld			
_				114867.01			3331.14			
North Tiffanyhaven NM 75698-9237			7 Social security tips			8 Allocated tips				
			116813.0			114867.01				
d Control number			9 Advance EIC payment			10 Dependent care benefits				
2755686						128				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Amy Young			209			н 2054				
			13 Statu			12b				
216 Bauer Summit			emple	yee plan sick pay			333			
Mcclainmouth TX 52000-1389			14 Other (see enclosed Notice to Employee)			12c				
							480			
					12d	7 400				
							120	1		
			1			316				
f Employee's address						,				
	s state ID number	16 State wages, tips, etc.	17 State income tax		3,.,.,.		9 Local income tax		20 Locality name	
OR C	24-52-971	83622.4	4037.64		124946.51	30	336.	62	Lee Stravenue	
WY 7	30-95-512	78432.6	3177.27		111602.85	24	566.	31	Dean Fall	

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

