F	REISSUED	a Employee's socia	•			Safe	, Accurate,	150	<b>H</b>	Visit the	IRS Websi	te	
S	<b>TATEMENT</b>	90	32-14-7153	01	MB No. 1545-00	008 FAS	T! Use	G	file	at www.i	rs.gov/efile	-	
b Employer identification number					1 V	1 Wages, tips, other compensation			Federal income tax withheld				
03-7652700						69423.55			14291.94				
c Employer's name, address, and ZIP code					3 8	3 Social security wages			4 Social security tax withheld				
Jackson, Singleton and Gutierrez and So						58214.39			4453.4				
3431 Kristina Ports					5 N	- meanant magat ama apt				6 Medicare tax withheld			
						53913.71				1563.5			
	East Anthony MN 32145-1689					7 Social security tips				8 Allocated tips			
						58214.39			53913.71				
d Control number					9 A	9 Advance EIC payment			10 Dependent care benefits				
	2914608								189				
e Employee's first name and initial Last name					11 N	11 Nonqualified plans			12a See instructions for box 12				
						183			2399				
	David Greene					13 Statutory Retirement Third-party			12b				
452 Browning Center Apt. 543 Amandahaven MI 46269-7882						mployee plan sick pay  X X X Sick pay  14 Other (see enclosed Notice to Employee)			904				
									12c				
Amandanaven MI 40209-7002						1			467				
									12d				
									н	201			
<b>f</b> Fla	vee's address and ZIP cod	_								201			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income	e tax	18 Local wage	s, tips, etc.	19 Loca	al income tax	:	20 Locality	name	
IN	111-76		35484.71	3178.34	l	57133.88 9		9795	9795.05		Robin		
								-			<b>+</b>		
WY	824-96	-258	33719.45	3308.7		54275.55 1		1185	11857.25		Walker	Pine	

Wage and Tax Statement

Form W-2

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.

E	REISSUED	a Employee's socia	al security number			This information is being furnis	hed to	the Internal Rev	enue Servi	ice. If you are required		
	TATEMENT	' '	32-14-7153	OME	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					1 Wages, tips, other compensation 2 Federal income tax withheld						
03-7652700						69423.55			14291.94			
c Employer's name, address, and ZIP code					3 8	3 Social security wages			4 Social security tax withheld			
Jackson, Singleton and Gutierrez and So 3431 Kristina Ports East Anthony MN 32145-1689						58214.39			4453.4			
					5 N	5 Medicare wages and tips			6 Medicare tax withheld			
						53913.71			1563.5			
					7 8	7 Social security tips			8 Allocated tips			
						58214.39			53913.71			
d Control number					9 A	9 Advance EIC payment			10 Dependent care benefits			
	2914608								189			
e Employee's first name and initial Last name				11 N	11 Nonqualified plans			12a See instructions for box 12				
						183			2399			
	David Greene					13 Statutory Retirement Third-party			12b			
452 Browning Center Apt. 543 Amandahaven MI 46269-7882					emple	employee plan sick pay			904			
					14 (	14 Other (see enclosed Notice to Employee)			12c			
									4.55			
									467			
								12d	İ			
									н 201			
	yee's address and ZIP cod											
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income to	ax	3.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9 Local income tax		20 Locality name		
IN	111-76	-026	35484.71	3178.34		57133.88 9		9795.05		Robin Walk		
WY	824-96-258 33719.45 3308.7			54275.55 1		.857.25	Walker Pine					

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

