REIS	SUED	a Employee's socia	I security number				Safe, Accur	ate,	dila		IRS Website		
STAT	EMENT	50	8-42-8208	OMB N	o. 1545-0	800	FAST! Use		≁file	at www.	irs.gov/efile.		
b Employer identification number					1	1 Wages, tips, other compensation				2 Federal income tax withheld			
36-	-0392754					61631.33				17189.47			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
Morton, Cox and Anderson Ltd					45119.89				3451.67				
96573 Blake Lane Apt. 016					5 Medicare wages and tips				6 Medicare tax withheld				
Stacymouth WA 10768-5366					60387.16 7 Social security tips				8 Allo	1751.23 8 Allocated tips			
•					45119.89				71100	60387.16			
d Control number					9 Advance EIC payment			10 Dependent care benefits					
9758620										179			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12						
Lisa Kelly				117			н 7020						
				13 Statutory Retirement Third-party employee plan sick pay				12b	i				
85862 David Rest Suite 359				X	-1	X	SICK Pay		176				
East Brian IN 41587-4604					14 Other (see enclosed Notice to Employee)				12c	12c			
					-				445				
				12d				12d					
										478			
	address and ZIP cod												
	nployer's state ID nu		16 State wages, tips, etc.	17 State income tax			I wages, tips, etc		Local income		20 Locality name		
TN	858-76	-658	31703.84	2245.78	77926.38		0776.88		Sylvia Lakes				
IL	307-19	-098	31077.48	2672.27	60404.77		10326.72		Ingram Well				

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.

REISSUEI	a Employee's soc	ial security number			This information is being furnis	hed to	the Internal Rev	renue Servi	ce. If you are required		
STATEMEN	_	08-42-8208	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		JI.	Wages, tips, other compensation			Federal income tax withheld				
36-0392754					61631.33			17189.47			
c Employer's name, add	ress, and ZIP code			3 Social security wages			4 Social security tax withheld				
Morton, Cox and Anderson Ltd					45119.89			3451.67			
96573 Blake Lane Apt. 016					5 Medicare wages and tips			6 Medicare tax withheld			
Stacymouth WA 10768-5366					60387.16	1751.23					
				7 S	ocial security tips	8 Allocated tips					
				45119.89			60387.16				
d Control number					9 Advance EIC payment			10 Dependent care benefits			
9758620)			<u> </u>			179				
e Employee's first name	and initial Last nam	ne		11 Nonqualified plans			12a See instructions for box 12				
				117			н 7020				
Lisa Kelly 85862 David Rest Suite 359				13 Statutory Retirement Third-party employee plan sick pay			12b				
							176				
East Brian IN 41587-4604					Other (see enclosed Notice to Employ	\					
					14 Other (see enclosed Notice to Employee)			120			
							445				
						Ī	12d				
								478			
f Employee's address and ZIP code											
15 State Employer's	state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 1		9 Local income tax		20 Locality name		
TN 8:	58-76-658	31703.84	2245.78		77926.38 10		0776.88		Sylvia Lakes		
IL 3	07-19-098	31077.48	2672.27		60404.77	10	326.72		Ingram Well		

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

