R	REISSUED	a Employee's socia	I security number				Safe, Acc	urate,		file	Visit the	IRS Webs	site	
ST	<b>TATEMENT</b>	11	.1-61-6905	OMB N	o. 1545-	8000	FAST! U	se	$G^{\prime\prime}$	IIIE	at www.	irs.gov/efile	Э.	
<b>b</b> Employer identification number					1	1 Wages, tips, other compensation				2 Federal income tax withheld				
81-1092812						242936.98				32269.75				
c Employer's name, address, and ZIP code					3 Social security wages					4 Social security tax withheld				
Nelson Inc Group					234276.61					17922.16				
64737 Rogers Ranch Apt. 212 South Jennifer AL 38446-3648					5 Medicare wages and tips					6 Medicare tax withheld				
					266555.97					7730.12				
·	South Jenniier AL 38446-3648					7 Social security tips				8 Allocated tips				
					234276.61					266555.97				
<b>d</b> Contro	ol number				9 Advance EIC payment				1	10 Dependent care benefits				
	6694381										288			
e Employee's first name and initial Last name					11 Nonqualified plans			1	12a See instructions for box 12					
	T 0-1-				182					P 2883				
	James Cole					13 Statutory Retirement Third-party employee plan sick pay				2b				
15049 Dale Summit East Brendastad VA 15331-6921					14 Other (see enclosed Notice to Employee)					E	346			
									ee) 1	2c	1			
										D	785			
									1	12d				
										E	529			
	yee's address and ZIP cod										•			
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Loca	l wages, tips,	etc.	19 Loc	al income	ax	20 Localit	y name	
KS	323-70	-093	127119.13	4974.4		2415	07.29		407	01.49	<del>)</del>	Cassandra	a Landing	
ID	260-37	-199	121708.86	5202.7		3131	.01.15		299	06.03	3	Faith	Ferry	

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.

F	REISSUED	a Employee's socia	•		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								
	STATEMENT					this income is taxable and you fail to report it.							
<b>b</b> Employer identification number					1 \	Vages, tips, other compensation		Federal income tax withheld					
81-1092812						242936.98		32269.75					
c Emplo	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Nelson Inc Group 64737 Rogers Ranch Apt. 212						234276.61		17922.16					
					5 1	Medicare wages and tips		6 Medicare tax withheld 7730.12					
	South Jennifer AL 38446-3648					266555.97							
						Social security tips		8 Allocated tips					
						234276.61		266555.97					
<b>d</b> Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits				
	6694381								288				
e Emplo	e Employee's first name and initial Last name				11 1	lonqualified plans		12a See instructions for box 12					
	James Cole				182 13 Statutory Retirement Third-party			P 2883					
15049 Dale Summit					employee plan sick pay				E 346				
	East Brendastad VA 15331-6921					14 Other (see enclosed Notice to Employee)			12c				
								D 785					
									12d				
									E 529				
f Emplo	oyee's address and ZIP cod	de					F						
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	ocal income tax		20 Locality name			
KS	323-70	0-093	127119.13	4974.4		241507.29	40	701.49		Cassandra Landing			
ID	260-37	7-199	121708.86	5202.7		313101.15	29	906.03		Faith Ferry			

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

