REISSUED a Employee's social security number		Safe, Accurate,	real self	Visit the IRS Website		
STATEMENT 366-61-2631	OMB No. 1545-0	008 FAST! Use	*E Tile	at www.irs.gov/efile.		
<b>b</b> Employer identification number	1	Wages, tips, other compensation	2 Federa	2 Federal income tax withheld		
81-0426009		143904.09	4034	40340.28		
c Employer's name, address, and ZIP code	3	Social security wages	4 Social	4 Social security tax withheld		
Foster, Ingram and Allen and Sons		107384.5	8214	8214.91		
0180 Mitchell Union	5	Medicare wages and tips	6 Medic	6 Medicare tax withheld		
G		110212.78		3196.17		
Smithmouth MN 07975-2649	7	Social security tips	8 Alloca	8 Allocated tips		
		107384.5		110212.78		
d Control number	9	Advance EIC payment	10 Deper	10 Dependent care benefits		
3523069				267		
e Employee's first name and initial Last name	11	Nonqualified plans	12a See ir	12a See instructions for box 12		
		147	P	P 5278		
Jason Nash	13 Stat		ty <b>12b</b>	1		
69989 Hall Brook Apt. 561	emp	loyee plan sick pay	D	100		
North Johnnyburgh AL 82999-56	14	Other (see enclosed Notice to Empl	oyee) 12c	_		
Nozem commyzazgn im czysy co			P	307		
			12d			
				400		
				408		
f Employee's address and ZIP code  15 State Employer's state ID number 16 State wages, tips, etc. 17 Sta	te income tax	18 Local wages, tips, etc.	19 Local income ta	x 20 Locality name		
	2.26	174882.72	26724.81	Murphy Prairie		
IL 202-85-403 66810.52 339	8.62	131612.39	23061.69	Moss Motorway		

Wage and Tax

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.

REIS	SSUED	a Employee's socia	l security number		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							
STAT	EMENT	36	66-61-2631	OMB	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 id	b Employer identification number			1 \	1 Wages, tips, other compensation			2 Federal income tax withheld				
81-0426009					143904.09			40340.28				
c Employer's name, address, and ZIP code				3 3	3 Social security wages			4 Social security tax withheld				
Foster, Ingram and Allen and Sons					107384.5			8214.91				
0180 Mitchell Union				5 1	5 Medicare wages and tips			6 Medicare tax withheld				
Smithmouth MN 07975-2649				110212.78				3196.17				
			7 5	7 Social security tips				8 Allocated tips				
					107384.5				110212.78			
d Control num	d Control number			9 /	9 Advance EIC payment			10 Dependent care benefits				
352	23069									267		
e Employee's first name and initial Last name			11 1	11 Nonqualified plans			12a See instructions for box 12					
Jason Nash 69989 Hall Brook Apt. 561 North Johnnyburgh AL 82999-567				147			P 5278					
			13 Statu	,			12b	1				
			employee plan sick pay  14 Other (see enclosed Notice to Employee)				D	100				
						yee)	12c	i				
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	address and ZIP co		16 State wages, tips, etc.	17 State income ta:		18 Local wage		40.1	ocal incom		20 Locality name	
			9			, ,						
NV	976-75	0-002	71749.21	5092.26		174882	. / _	∠6	724.8	2 T	Murphy Prairie	
IL	202-85	5-403	66810.52	3398.62		131612	.39	230	061.6	59	Moss Motorway	

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

