R	EISSUED	a Employee's socia	•			Safe, Accı	188	~file		IRS Website	
ST	ATEMENT	23	33-73-8709	OMB N	o. 1545-0	DOS FAST! Us	e C		at www.i	irs.gov/efile.	
<b>b</b> Employer identification number					<ol> <li>Wages, tips, other compensation</li> </ol>			2 Federal income tax withheld			
2	23-3931389				79733.08			16620.87			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Moore Inc Ltd					96413.67			7375.65			
09405 Hubbard Forks					5 Medicare wages and tips			6 Medicare tax withheld			
١,	North Brianshire IN 33630-1752					88227.83		2558.61			
1	NOTUM BITAM	snire	IN 33630-1732		7 Social security tips			8 Allocated tips			
					96413.67			88227.83			
<b>d</b> Control	number				9 Advance EIC payment			10 Dependent care benefits			
(	6700416							254			
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
Nancy Brock 745 Margaret Divide					159			E 3261			
					13 Statutory Retirement Third-party employee plan sick pay			12b	i		
									132		
	Shanestad CT 27272-8981				14 Other (see enclosed Notice to Employee)			12c	ı		
									941		
									12d		
								н	640		
f Employ	ree's address and ZIP cod	e							10.0		
15 State	,		17 State income tax		18 Local wages, tips, e	etc. 19	Local income	tax	20 Locality name		
NH	801-89	-005	41628.41	3734.77		90007.18		488.36		West Courts	
AZ	304-45	-171	38801.76	5199.23		78859.77	9:	589.89		Sara Flat	

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.

	REISSUED	a Employee's soci	•	OMDAI	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					No. 1545-0008 this income is taxable and you fail to report it.					
	yer identification number				1 Wages, tips, other compensation			Federal income tax withheld			
23-3931389					79733.08			16620.87			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Moore Inc Ltd					96413.67			7375.65			
09405 Hubbard Forks					5 Medicare wages and tips			6 Medicare tax withheld			
					88227.83			2558.61			
	North Brian	ishire	IN 33630-1752		7 Social security tips			8 Allocated tips			
					96413.67			88227.83			
<b>d</b> Contro	ol number				9 Advance EIC payment			10 Dependent care benefits			
	6700416							254			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12		
Nancy Brock					159 13 Statutory Retirement Third-party			E 3261			
	_					employee plan sick pay			1		
	745 Marga	ret Divid	le					132			
	Shanestad CT 27272-8981					Other (see enclosed Notice to Employ	ree)	12c	ı		
Shahestad Ci 27272 0501								941			
								12d			
									н 640		
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.	40.1	ocal income tax		20 Locality name	
15 State			16 State wages, tips, etc.			9				,	
NH	801-89	9-005	41628.41	3734.77		90007.18	84	88.36		West Courts	
AZ	304-45	5-171	38801.76	5199.23		78859.77	95	89.89		Sara Flat	

Wage and Tax

**Statement** Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

