F	REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website						ite			
S	<b>FATEMENT</b>	80	8-20-4640	OMB N	o. 1545-0	008 FAST	Use		file	at www.i	rs.gov/efile	€.		
<b>b</b> Emplo	<b>b</b> Employer identification number					1 Wages, tips, other compensation				2 Federal income tax withheld				
87-7972742					59165.0				18718.3					
<b>c</b> Emplo	yer's name, address, and 2	ZIP code			3 Social security wages				4 Social security tax withheld					
Mosley-Barber Inc					53035.64				4057.23					
928 James Loaf					5 Medicare wages and tips				6 Medicare tax withheld					
					52597.83				1525.34					
South Staceymouth DC 84316-4137					7 Social security tips				8 Allocated tips					
					53035.64				52597.83					
d Control number				9 Advance EIC payment				10 Dependent care benefits						
8729269										249				
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12						
Melanie Watson				162				7650						
				13 Statutory Retirement Third-party sick pay  X Statutory Plan Sick pay  14 Other (see enclosed Notice to Employee)				12b	, ,					
3856 Keith Circle East Lisa IN 75531-4857								G	G 825					
								12c	i					
East Hisa in 75551 4057								н	689					
								12d						
									E	614				
								-		014				
15 State	yee's address and ZIP cod Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages,	tips, etc.	19 Lc	ocal income tax		20 Localit	y name		
PA	109-62		30382.93	1943.22		43796.79		899	3993.16			Pass		
								T			† <del>-</del>			
NJ	604-36	-509	27015.85	2161.79		44793.6	1	108	353.37		Jason	Cliff		

Wage and Tax

Form W-2 Statement

5010

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	al security number	This information is being furnished to the Internal Revenue Service. If you are required								
	TATEMENT		08-20-4640	OMB No	OMP No. 1545 0009 to file a tax return, a negligence penalty or other sanction may be imposed on you if						n you if	
	b Employer identification number					this income is taxable and you fail to report it.  1 Wages, tips, other compensation 2 Federal income tax withheld						
87-7972742						59165.0	18718.3					
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Mosley-Barber Inc					53035.64			4057.23				
928 James Loaf South Staceymouth DC 84316-4137					5	Medicare wages and tips	6 Medicare tax withheld					
						52597.83	1525.34					
					7	Social security tips	8 Allocated tips					
					53035.64			52597.83				
d Control number					9 Advance EIC payment			10 Dependent care benefits				
8729269								249				
e Emplo	yee's first name and initial	Last nam	е		11 Nonqualified plans			12a See instructions for box 12				
Melanie Watson				162			7650					
				13 Statutory Retirement Third-party employee plan sick pay			12b	1				
3856 Keith Circle East Lisa IN 75531-4857					X Sick pay			G 825				
					14 Other (see enclosed Notice to Employee)			12c				
					1			н 689				
								12d	.   003			
								_				
								E  614				
f Employee's address and ZIP code						140 1	140	12		100 1		
<b>15</b> State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		3,,,,,,,		Local incom		20 Localit	•	
PA	109-62	2-822	30382.93	1943.22	43796.79 89		89	993.16		Cody	Pass	
NJ	604-36	5-509	27015.85	2161.79	44793.61		10	853.3	37	Jason	Cliff	

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

