REISSUED	Employee's socia	•						√isit the I	RS Website			
STATEMENT	76	50-71-4445	OMB N	o. 1545-0	008 FAST! Use				at www.ir	s.gov/efile.		
b Employer identification number					1 Wages, tips, other compensation			2 Federal income tax withheld				
67-5166537					210999.62			58468.0				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Morgan-Bass and Sons					251456.8			19236.45				
259 Hodge Hollow					Medicare wages and tips	6 Medicare tax withheld						
_					241456.48				7002.24			
Boyerbury	Boyerbury RI 69342-7150				7 Social security tips				8 Allocated tips			
					251456.8					56.48		
d Control number				9 Advance EIC payment 10 Dependent care benefits				nefits				
3796291							176					
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12				
					200			7996				
Desiree Bell					utory Retirement	Third-party	12b	·				
828 Charles Mill Suite 078				employee plan sick pay				G 930				
Cookburgh WA 29607-8483					Other (see enclosed Notice	to Employee)) 12c	·				
- 000h2u1gh								E	630			
							12d	12d				
								P	680			
f Employee's address and ZIP code												
15 State Employer's state ID nun	nber	16 State wages, tips, etc.	17 State income tax	•	18 Local wages, tips, etc	c. 19	9 Local inc	ome tax		20 Locality name		
MS 772-78	-708	108942.59	8154.48		257213.72	2	4094	. 89		Joseph Station		
NY 137-52	-634	109921.09	11238.69		204979.0	3	9897	.19		Robert Mountain		

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.

REISSU	IED a E	mployee's socia	l security number		This information is being furnished to the Internal Revenue Service. If you are required						
STATEM		76	0-71-4445	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 identific	b Employer identification number				Wages, tips, other compensation			2 Federal income tax withheld			
67-5166537				210999.62			58468.0				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Morgan-Bass and Sons				251456.8			19236.45				
259 Hodge Hollow				5 Medicare wages and tips			6 Medicare tax withheld				
_				241456.48			7002.24				
воуел	Boyerbury RI 69342-7150				7 Social security tips			8 Allocated tips			
					251456.8			241456.48			
d Control number				9 Advance EIC payment			10 Dependent care benefits				
37962	3796291							176			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Desiree Bell			200			7996					
			13 Statutory Retirement Third-party			12b					
828 Charles Mill Suite 078				empl	oyee plan sick pay		G	930			
Cookbarrah 177 20607 0402				14 Other (see enclosed Notice to Employee) 12c							
Cookburgh WA 29607-8483							E	620			
							E 630				
							120	1			
							P 680				
f Employee's address and ZIP code					1				1		
' '	ver's state ID number		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		_ocal income tax		20 Locality name	
MS	772-78-7	08	108942.59	8154.48		257213.72	24	094.89		Joseph Station	
NY	137-52-6	34	109921.09	11238.69		204979.0	39	897.19		Robert Mountain	

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

