F	REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website								
S	FATEMENT	15	50-46-5585	OMB N	No. 1545-00	08 FAST! U	se 🔍		at	t www.irs.	gov/efile.		
b Emplo	b Employer identification number					1 Wages, tips, other compensation				2 Federal income tax withheld			
62-6739527						244246.71				86974.8			
c Employer's name, address, and ZIP code						ocial security wages	4	4 Social security tax withheld					
Turner-Michael Inc						286169.93				21892.0			
3541 Jennifer Shores Suite 202 Michellechester DE 13284-4139						5 Medicare wages and tips				6 Medicare tax withheld			
						186535.21 7 Social security tips				5409.52			
MICHELIECHESCEL DE 13204-4139					7 S	8	8 Allocated tips						
						286169.93		186535.21					
d Control number					9 A	dvance EIC payment	10	10 Dependent care benefits					
	4839391					11 Nonqualified plans				183			
e Employee's first name and initial Last name					11 N	12a	12a See instructions for box 12						
	Keith Rice					243			н 7958				
						13 Statutory Retirement Third-party employee plan sick pay							
48955 Theresa Vista Lake Davidville CO 12607-4018						14 Other (see enclosed Notice to Employee)				687			
						1				448			
						ļ			12d				
							н 9	986					
f Emplo 15 State	yee's address and ZIP coo		AC Chataaaaa kina ata	47 Ctata in a a a a a	<u> </u>	40	1	10 !:		La	0.		
1	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		3.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		19 Local income tax 31078.32			D Locality name		
VA	022-53	5-922	109922.33	9285.19		235613.98		210/8	. 32	М	ason Estate		
ТX	169-37	-175	129648.8	6902.37		305669.35 2		28366.02		w	alters Mountains		

Wage and Tax

5070 **Statement**

Department of the Treasury--Internal Revenue Service

Form W-2 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.

R	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required										
SI	TATEMENT	1!	50-46-5585	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 identification number					1 Wages, tips, other compensation					2 Federal income tax withheld					
62-6739527							244246.71					86974.8			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld						
Turner-Michael Inc					286169.93				21892.0						
3541 Jennifer Shores Suite 202					5 Medicare wages and tips				6 Medicare tax withheld						
Michellechester DE 13284-4139						186535.21				5409.52					
MICHEITECHESCER DE 13284-4139					7 Social security tips				8 Allocated tips						
						286169.93				186535.21					
d Control number						9 Advance EIC payment				10 Dependent care benefits					
	4839391											183			
e Employee's first name and initial Last name						11 Nonqualified plans				12a See instructions for box 12					
Keith Rice					243				н 7958						
					13 Statutory Retirement Third-party				12b						
48955 Theresa Vista						loyee	plan	sick pay				687			
Lake Davidville CO 12607-4018					14 Other (see enclosed Notice to Employee)				ree)	12c					
									448						
										12d		Ī			
											H	н 986			
f Employee's address and ZIP code											•				
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax						9 Local income tax			20 Locality name		
VA	022-53	3-922	109922.33	9285.19	235		235613.98		31	31078.32			Mason Estate		
TX	169-37	7-175	129648.8	6902.37		3056	69.35		28	366	. 02		Walters Mountains		

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

