| R | REISSUED a Employee's social security number | | | | | | Safe, Accu | ırate, | | ile | Visit the | IRS Webs | ite | |
|---|--|------|----------------------------|---------------------|--|--|-------------------|----------|---------------------------------|--------------------------------|-----------|--------------|--------|--|
| ST | TATEMENT | 20 | 1-05-5820 | OMB N | o. 1545-0 | 8000 | FAST! Us | e | 5~1 | IIE | at www.i | rs.gov/efile | Э. | |
| b Employer identification number | | | | | 1 | 1 Wages, tips, other compensation | | | | Federal income tax withheld | | | | |
| 75-5526674 | | | | | 66812.28 | | | | | 17249.8 | | | | |
| c Employer's name, address, and ZIP code | | | | | | 3 Social security wages | | | | 4 Social security tax withheld | | | | |
| Curtis-Brown Group | | | | | | 58957.62 | | | | 4510.26 | | | | |
| 62104 Thompson Flats | | | | | 5 Medicare wages and tips | | | | 6 | | | | | |
| - | | | | | 76079.69 | | | | | 2206.31 | | | | |
| | Lake Lorifurt WI 77556-2176 | | | | | 7 Social security tips | | | | 8 Allocated tips | | | | |
| | | | | | | | 58957.62 | | | | 76079.69 | | | |
| d Contro | ol number | | | | 9 Advance EIC payment | | | 10 | 10 Dependent care benefits | | | | | |
| 8823269 | | | | | | | | | 151 | | | | | |
| e Employee's first name and initial Last name | | | | | 11 Nonqualified plans | | | 12a | 12a See instructions for box 12 | | | | | |
| | | | | | 123 | | | | | 6651 | | | | |
| | Matthew Fisher | | | | | 13 Statutory Retirement Third-party employee plan sick pay | | | |) | | | | |
| 8863 Adams Roads Apt. 556 West Deborah AL 52582-0285 | | | | | X Sick pay 14 Other (see enclosed Notice to Employee) | | | | | 543 | | | | |
| | | | | | | | | | e) 12c | | 1 | | | |
| | | | | | | | | | G 515 | | | | | |
| | | | | | | | | 120 | 12d | | | | | |
| | | | | | | | | | | н | 100 | | | |
| f Employ | vee's address and ZIP cod | • | | | | | | | - | 11 | 100 | | | |
| 15 State | Employer's state ID nu | | 16 State wages, tips, etc. | 17 State income tax | ļ | 18 Loca | al wages, tips, e | etc. | 19 Local | ncome ta | (| 20 Locality | y name | |
| NM | 263-36 | -857 | 33205.04 | 2944.35 | | 83945.42 | | 12590.29 | | | Hanson | Greens | | |
| | | | | | | | | | | | | | | |
| FL | 097-72 | -351 | 33159.24 | 3536.06 | | 786 | 80.01 | | 8028 | . 95 | | Mary | Falls | |

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.

| F | REISSUED a Employee's social security number This information is being furnished to the Internal Revenue Service. If you | | | | | | | ice. If you are required | | | | |
|--|--|-------|----------------------------|---------------------|---|---|---------|---------------------------------|----------------------------|------------------|--|--|
| 1 | TATEMENT | 20 | 1-05-5820 | 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 Emplo | b Employer identification number | | | | | Vages, tips, other compensation | 2 | 2 Federal income tax withheld | | | | |
| 75-5526674 | | | | | | 66812.28 | | 17249.8 | | | | |
| c Employer's name, address, and ZIP code | | | | | 3 S | ocial security wages | 4 | 4 Social security tax withheld | | | | |
| Curtis-Brown Group | | | | | | 58957.62 | | 4510.26 | | | | |
| 62104 Thompson Flats | | | | | 5 N | ledicare wages and tips | 6 | 6 Medicare tax withheld | | | | |
| | | | | | | 76079.69 | | 2206.31 | | | | |
| | Lake Lorifurt WI 77556-2176 | | | | | ocial security tips | 8 | 8 Allocated tips | | | | |
| | | | | | | 58957.62 | | 76079.69 | | | | |
| d Contro | d Control number | | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | |
| | 8823269 | | | | | | | | 151 | | | |
| e Emplo | e Employee's first name and initial Last name | | | | | lonqualified plans | 12 | 12a See instructions for box 12 | | | | |
| | Matthew Fisher 8863 Adams Roads Apt. 556 West Deborah AL 52582-0285 | | | | | 123 13 Statutory Retirement Third-party | | | 6651 | | | |
| | | | | | | employee plan sick pay X 14 Other (see enclosed Notice to Employee) 1 | | | 543 | | | |
| | | | | | | Other (see enclosed Notice to Employ | ee) 12 | 12c | | | | |
| | | | | | | | | G 515 | | | | |
| | | | | | | | | | 12d | | | |
| | | | | | | | | | 100 | | | |
| 4 - 4 4 4 4 1 - 1 - 1 | | | | | | | | Н 100 | | | | |
| 15 State | oyee's address and ZIP coo Employer's state ID nu | | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips, etc. | 19 Loca | l income tax | (| 20 Locality name | | |
| NM | 263-36 | | 33205.04 | 2944.35 | | 83945.42 | 1259 | 0.29 | | Hanson Greens | | |
| 141-7 | 203 30 | , 55, | 33203.04 | 2744.00 | | | | 0.29 | | nanson Greens | | |
| FL | 097-72 | 2-351 | 33159.24 | 3536.06 | | 78680.01 | 8028 | . 95 | | Mary Falls | | |

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

