REISSUED a Employee's social security number		Safe, Accurate,		RS Website		
STATEMENT 718-77-2121	OMB No. 1545	-0008 FAST! Use	at www.irs	s.gov/efile.		
b Employer identification number	1	Wages, tips, other compensation	2 Federal income tax	withheld		
40-4546531		112712.85	28889.5			
c Employer's name, address, and ZIP code	3	Social security wages	4 Social security tax w	rithheld		
Jones, Reese and Lawson Ltd		109614.48	8385.51	8385.51		
811 Todd Manor Suite 904	5	Medicare wages and tips				
Lake Christina WY 71247-9891		91024.29		2639.7		
Lake Christina Wi /124/-9691	7	Social security tips	·	8 Allocated tips		
		109614.48	91024	.29		
d Control number	9	Advance EIC payment	10 Dependent care ber	10 Dependent care benefits		
9814286			287			
e Employee's first name and initial Last name	11	Nonqualified plans	12a See instructions for	or box 12		
		265	9514	9514		
James Green		atutory Retirement Third-party	12b			
70883 Andrade Roads Apt. 731	<u>-                                   </u>	nployee plan sick pay	G 651	G 651		
Lambertfurt CA 40083-5730	14	Other (see enclosed Notice to Employ	ree) 12c			
			140			
			12d			
			425			
f Employee's address and ZIP code			1120			
15 State Employer's state ID number 16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
HI 338-36-132 61873.61	4538.83	122504.97	20477.53	Matthew Meadows		
NH 051-09-373 59187.86	5832.27	90404.9	18983.47	Jeffrey Manor		

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.

R	EISSUED	a Employee's soci	-		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					
	ATEMENT	7:	18-77-2121	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.					
b Employer identification number				<ol> <li>Wages, tips, other compensation</li> </ol>			Federal income tax withheld			
40-4546531				112712.85			28889.5			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld				
Jones, Reese and Lawson Ltd				109614.48			8385.51			
811 Todd Manor Suite 904 Lake Christina WY 71247-9891			5 Medicare wages and tips 91024.29			6 Medicare tax withheld 2639.7				
									7 Social security tips	
			109614.48			91024.29				
			<b>d</b> Contro	d Control number			9 Advance EIC payment			10 Dependent care benefits
9814286							287			
e Employee's first name and initial Last name			11 Nonqualified plans 12a See instructions for box 12			for box 12				
James Green			265			9514				
			13 Statu empl			12b	i i			
70883 Andrade Roads Apt. 731			X	Jee pan Sick pay		G	651			
Lambertfurt CA 40083-5730				14 (	Other (see enclosed Notice to Employ	ree)	12c	1		
							140			
								12d		
						425				
	ee's address and ZIP coo		Transis is a	Lie ou i		I a a a a a a a a a a a a a a a a a a a	140.1			Lag t iii
<b>15</b> State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		ocal income tax		20 Locality name
HI	338-36	5-132	61873.61	4538.83		122504.97	20	477.53		Matthew Meadows
NH	051-09	9-373	59187.86	5832.27		90404.9	18	983.47		Jeffrey Manor

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

