REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website					
<b>STATEMENT</b> 275-31-3658	OMB No. 1545-	0008 FAST! Use	at www.irs.gov/efile.				
<b>b</b> Employer identification number	1	Wages, tips, other compensation	2 Federal income tax withheld				
32-5805034		121378.15	25073.15				
c Employer's name, address, and ZIP code	3	Social security wages	4 Social security tax withheld				
Moore, Owens and Ryan and Sons		150549.31	11517.02				
7325 Jacqueline Wall Suite 564	5	Medicare wages and tips	6 Medicare tax withheld				
Williamsview MN 23804-2519		130948.47	3797.51  8 Allocated tips				
	7	Social security tips 150549.31	130948.47				
d Control number	9	Advance EIC payment	130948.47  10 Dependent care benefits				
490798	9	Advance Elo payment	235				
e Employee's first name and initial Last name	11	Nonqualified plans	12a See instructions for box 12				
e Employee's ilist name and illitial Last name	"	Noriqualilled plans	12a See instructions for box 12				
Christy Conway		288	G 2459				
Christy Conway		atutory Retirement Third-party nployee plan sick pay	12b				
44469 Valerie Brooks		x	P 861				
Fordshire MS 01919-8343	14	Other (see enclosed Notice to Emplo	yee) 12c				
			G 525				
			12d				
			P 893				
f Employee's address and ZIP code			-				
15 State   Employer's state ID number   16 State wages, tips, etc.   1	7 State income tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name				
WY 068-76-565 64874.25 5	5052.81	85279.39	20236.66 Maldonado Rapids				
AK 950-61-627 59979.49 5	5554.04	92758.87	17095.37 Timothy Street				

Wage and Tax

Form W-2 Statement

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 socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required								
ST	ATEMENT	27	75-31-3658	OMB No	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>b</b> Employ	er identification number				<ol> <li>Wages, tips, other compensation</li> </ol>			Federal income tax withheld					
32-5805034				121378.15			25073.15						
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld						
Moore, Owens and Ryan and Sons				150549.31			11517.02						
7325 Jacqueline Wall Suite 564 Williamsview MN 23804-2519				5 Medicare wages and tips 130948.47			6 Medicare tax withheld 3797.51						
										7 Social security tips			8 Allocated tips
				150549.31			130948.47						
				d Control number			9 Advance EIC payment			10 Dependent care benefits			
4900798									235				
e Employee's first name and initial Last name			11 Nonqualified plans 12a See instructions for box 12				s for box 12						
Charicatus Communication			288			G 2459							
Christy Conway				13 Statutory Retirement Third-party employee plan sick pay			12b	1					
44469 Valerie Brooks				Sick pay			P 861						
]	Fordshire	MS	01919-8343		14 Other (see enclosed Notice to Emp		ee)	12c	1				
113 01111							(	G 525					
							ŀ	12d	I				
								]	P 893				
f Employ	ree's address and ZIP cod	e					ŀ						
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	ocal incor	ne tax	20 Locality name			
WY	068-76	-565	64874.25	5052.81		85279.39	20	236.	66	Maldonado Rapids			
AK	950-61	-627	59979.49	5554.04		92758.87	17	095.	37	Timothy Street			

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

