REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website							
<b>STATEMENT</b> 302-97-5825	OMB No	o. 1545-0008	FAST! Use		*file	at www.irs.gov/efile.			
<b>b</b> Employer identification number			tips, other compensat	tion	2 Federal income tax withheld				
37-9034011			684.48		9304.0				
c Employer's name, address, and ZIP code			ecurity wages		4 Social security tax withheld				
Duffy and Sons Group			9704.34		8392.38				
5966 Alexander Curve Apt. 509			e wages and tips		6 Medicare tax withheld				
New Catherinebury WI 16161-2662			761.31		2226.08				
no. Gallerinebary nr rotor roor			7 Social security tips			8 Allocated tips			
1. O visit visit is			109704.34  9 Advance EIC payment			76761.31  10 Dependent care benefits			
d Control number			e EIC payment		10 Depend	250			
5517153									
e Employee's first name and initial Last name		11 Nonqua	lified plans		12a See ins	structions for box 12			
Talma Tallantan			154			6418			
Jaime Washington 271 Larson Crescent South Eddieland NE 21565-2630				nird-party ck pay	12b				
			employee plan sick pay			899			
			ee enclosed Notice to	Employee)	12c				
					D	483			
				Ī	12d				
					E	981			
f Employee's address and ZIP code									
15 State Employer's state ID number 16 State wages, tips,	, etc. 17 State income tax	18 Lo	ocal wages, tips, etc.	19 L	ocal income tax	20 Locality name			
DE 256-63-341 43016.21	3154.82	102	102974.14		187.86	Jamie Shoals			
TX 142-12-428 43681.95	4122.87	65	661.78	13	861.54	Wilkinson Key			

Wage and Tax

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.

REI	ISSUED	a Employee's socia	l security number									ice. If you are required
STA	TEMENT	30	2-97-5825	OM	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					
37-9034011					90684.48				9304.0			
c Employer's name, address, and ZIP code				3	3 Social security wages				4 Social security tax withheld			
Duffy and Sons Group				109704.34				8392.38				
5966 Alexander Curve Apt. 509			5	l				6 Medicare tax withheld				
_				76761.31				2226.08				
New Catherinebury WI 16161-2662				7	7 Social security tips			8 Allocated tips				
					109704.34			76761.31				
d Control nu	d Control number			9	9 Advance EIC payment			10 Dependent care benefits				
5517153									250			
e Employee's first name and initial Last name			11	11 Nonqualified plans			12a See instructions for box 12					
Tains Washington				154			6418					
Jaime Washington				13 Statutory Retirement Third-party employee plan sick pay								
271 Larson Crescent				em	employee plan sick pay			P 899				
South Eddieland NE 21565-2630				14	14 Other (see enclosed Notice to Employee)				12c			
bodon Eddictund NE E1303 E030				D					483			
							12d					
										E	981	
f Employee'	's address and ZIP cod	A						F				
	Employer's state ID nu		16 State wages, tips, etc.	17 State income t	tax	18 Local wa	ges, tips, etc.	19 L	ocal inc	ome tax		20 Locality name
DE	256-63	-341	43016.21	3154.82		10297	4.14	11	187	. 86		Jamie Shoals
TX	142-12	-428	43681.95	4122.87		65661	. 78	13	861	. 54		Wilkinson Key

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

