REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website					
STATEMENT 201-37-5174	OMB No. 1545-	-0008 FAST! Use	at www.irs.gov/efile.				
b Employer identification number	1	Wages, tips, other compensation	Federal income tax withheld				
45-3340889		49974.19	14446.69				
c Employer's name, address, and ZIP code	3	Social security wages	4 Social security tax withheld				
Mcdowell, Anderson and Shea Group		42563.12	3256.08				
45027 Martinez Mountains	5	Medicare wages and tips	6 Medicare tax withheld				
North Amandafort MI 76841-3586		58733.02	1703.26				
NOI CH AMANGATOLC MI 70041 5500	7	Social security tips	8 Allocated tips				
	9	42563.12	58733.02				
d Control number		Advance EIC payment	10 Dependent care benefits				
6500746			163				
e Employee's first name and initial Last name		Nonqualified plans	12a See instructions for box 12				
		205	P 8085				
Katherine Mcmahon		atutory Retirement Third-party	/ 12b				
3174 Jessica Rest	_	nployee plan sick pay X	243				
Katrinaport DE 23868-4986	14	Other (see enclosed Notice to Emplo	yee) 12c				
			P 398				
			12d				
			н 275				
f Employee's address and ZIP code							
15 State Employer's state ID number 16 State wages, tips, etc. 17 St	ate income tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name				
CT 808-00-351 23953.78 127	4.16	36197.55	7917.61 Moore Trail				
IL 222-74-498 26549.08 127	77.5	39857.22	5127.1 Drake Haven				

Wage and Tax Statement

5010

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.

RI	EISSUED	a Employee's socia	al security number			This information is being furnis							
	ATEMENT	20	01-37-5174	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.								
	Employer identification number			I	Wages, tips, other compensation			2 Federal income tax withheld					
45-3340889			49974.19			14446.69							
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld							
Mcdowell, Anderson and Shea Group			42563.12			3256.08							
45027 Martinez Mountains North Amandafort MI 76841-3586			5 Medicare wages and tips 58733.02			6 Medicare tax withheld 1703.26							
										7 Social security tips			8 Allocated tips
							42563.12			58733.02			
d Control	d Control number			9 Advance EIC payment			10 Dependent care benefits						
6	5500746								163				
e Employee's first name and initial Last name			11 Nonqualified plans 12a See in				nstructions for box 12						
Katherine Mcmahon 3174 Jessica Rest Katrinaport DE 23868-4986			205 13 Statutory Retirement Third-party			P 8085							
			mployee plan sick pay X Stee enclosed Notice to Employee)			243							
						12c	ı						
						P	P 398						
					F	12d							
							Н	275					
f Employe	ee's address and ZIP cod	е							1				
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		ocal income ta	x	20 Localit	y name		
CT	808-00	-351	23953.78	1274.16		36197.55 7		7917.61		Moore	Trail		
IL	222-74	-498	26549.08	1277.5		39857.22	512	27.1		Drake	Haven		

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

