REISSUE	REISSUED a Employee's social security number				Safe, Accur	ate,	Visit the IRS Website			
STATEME	NT 0:	23-50-1799	OMB N	o. 1545-00	08 FAST! Use			at www.irs.gov/efile.		
b Employer identification number					1 Wages, tips, other compensation			2 Federal income tax withheld		
25-1542903				189699.49			65816.15			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Watson-Reese and Sons				179875.64			13760.49			
89270 Kevin Mills				5 Medicare wages and tips			6 Medicare tax withheld			
				225583.07			6541.91			
South Debbieport OH 66383-7130				7 Social security tips			8 Allocated tips			
				179875.64			225583.07			
d Control number				9 Advance EIC payment			10 Dependent care benefits			
5416249								292		
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Todd Jones 3322 Gonzales Field Johnmouth IN 89315-2281				125			E 3343			
				13 Statutory Retirement Third-party employee plan sick pay			12b	ı		
								599		
				14 C	ther (see enclosed Notice	to Employee)	12c	ı		
							G	658		
						12d				
							G	632		
f Employee's address	and ZIP code							032		
	state ID number	16 State wages, tips, etc.	17 State income tax	!	18 Local wages, tips, etc	. 19	Local income ta	x 20 Locality name		
MA 1	11-62-506	103825.54	6303.03		189423.04	24	4309.7	Shaw Junction		
DC 7	74-91-223	95541.73	6833.06		155848.26	34	4597.49	Oconnor Flats		

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	TATEMENT	02	23-50-1799	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 Employer identification number				Wages, tips, other compensation			2 Federal income tax withheld				
25-1542903					189699.49			65816.15			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Watson-Reese and Sons				179875.64			13760.49				
89270 Kevin Mills				5 Medicare wages and tips			6 Medicare tax withheld				
					225583.07	6541.91					
'	South Debbieport OH 66383-7130				7	Social security tips	8 Allocated tips				
				179875.64			225583.07				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
	5416249							292			
e Employ	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
Todd Jones				125			E 3343				
				13 Statutory Retirement Third-party			12b				
3322 Gonzales Field				employee plan sick pay			599				
Johnmouth IN 89315-2281				14 Other (see enclosed Notice to Employee)			12c				
							G	G 658			
							12d				
								G	632		
					1			G 032			
15 State	yee's address and ZIP coo Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 I	Local income ta	(20 Locality name	
MA	111-62		103825.54	6303.03		189423.04 24		4309.7		Shaw Junction	
				 			 				
DC	774-91	-223	95541.73	6833.06		155848.26	34	597.49		Oconnor Flats	

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

