REIS	SSUED	a Employee's socia	I security number			Safe, A	ccurate,			Visit the	RS Websi	te	
STAT	EMENT	39	9-40-6859	ON	MB No. 1545-00	008 FAST!	Use	e≁fi	Ü	at www.ii	s.gov/efile		
b Employer identification number				1 V	1 Wages, tips, other compensation			Federal income tax withheld					
91-1320011						81886.69				28601.76			
c Employer's r	name, address, and Z	IP code			3 8	3 Social security wages				4 Social security tax withheld			
Pruitt and Sons LLC						74517.27			5700.57				
6109 Russell Shoals Suite 426				5 N	l				6 Medicare tax withheld				
West Alexandriaport WV 54125-5046					105874.52				3070.36				
Wes	st Alexan	driaport	WV 54125	-3046	7 8	7 Social security tips				8 Allocated tips			
						74517.27			105874.52				
d Control num	d Control number				9 A	9 Advance EIC payment			10 Dependent care benefits				
913	34344								130				
e Employee's first name and initial Last name				11 N	11 Nonqualified plans			12a See instructions for box 12					
					248			9128					
Ja	mes W	yatt				13 Statutory Retirement Third-party							
652 Christopher Mountain					emple	oyee plan	sick pay			298			
Beasleyside NH 16432-7336					14 (14 Other (see enclosed Notice to Employee)			12c				
									569				
									12d				
									E	491			
f Employee's	address and ZIP code	2											
	mployer's state ID nu		16 State wages, tips, etc.	17 State income	e tax	18 Local wages, tip	s, etc.	19 Local inc	ome tax		20 Locality	name	
DC	156-92	-654	36916.45	4272.74	ļ	61928.53		11682	.75		Oliver	Road	
VA	154-61	-080	41023.93	3384.06	;	105544.7		15265	. 33		Blake	Ferry	

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.

REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
STATEMENT	3:	99-40-6859	OMB	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 inc				l income tax	withheld		
91-1320011					81886.69			28601.76			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Pruitt and Sons LLC					74517.27			5700.57			
6109 Russell Shoals Suite 426					5 Medicare wages and tips			6 Medicare tax withheld			
					105874.52			3070.36			
West Alexandriaport WV 54125-5046				7 Social security tips			8 Allocated tips				
					74517.27			105874.52			
d Control number					9 Advance EIC payment			10 Dependent care benefits			
9134344							130				
e Employee's first name and	nitial Last nam	е		11 Nonqualified plans			12a See instructions for box 12				
James Wyatt					248			9128			
					13 Statutory Retirement Third-party employee plan sick pay						
652 Christopher Mountain					yee plan sick pay			298			
Beasleyside NH 16432-7336					14 Other (see enclosed Notice to Employee)			12c			
Deasieyside Mi 10452 7550				!			569				
							12d				
								E 491			
f Employee's address and ZIP code											
15 State Employer's state	ID number	16 State wages, tips, etc.	17 State income tax		3, , , ., .		Decay income tax		20 Locality name		
DC 156-	-92-654	36916.45	4272.74		61928.53	11	.682.75		Oliver Road		
VA 154	-61-080	41023.93	3384.06		105544.7	15	265.33		Blake Ferry		

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

