| REISSUED a Employee's social security number | Safe, Accurate, Visit the IRS Website | | | | | | |
|---|---------------------------------------|----------------------------------|--------------------|---------------------------------|--|--|--|
| STATEMENT 023-08-8144 | OMB No. 1545-0008 | FAST! Use | ese ville | at www.irs.gov/efile. | | | |
| b Employer identification number | 1 Wa | ges, tips, other compensation | 2 Federa | al income tax withheld | | | |
| 22-2522139 | 1 | L03437.72 | 35832.91 | | | | |
| c Employer's name, address, and ZIP code | 3 Soc | cial security wages | 4 Social | 4 Social security tax withheld | | | |
| Wilson and Sons Group | 1 | L05962.82 | 8106 | 8106.16 | | | |
| 096 Stacy Mountain Apt. 305 | | dicare wages and tips | 6 Medica | | | | |
| New Courtneytown WV 94120-2284 | | 30474.96 | | 2333.77 | | | |
| New Courchey town WV 94120-2204 | | cial security tips | 8 Allocat | 8 Allocated tips | | | |
| | 105962.82 | | | 80474.96 | | | |
| d Control number | 9 Advance EIC payment | | | 10 Dependent care benefits | | | |
| 3557644 | | | | 159 | | | |
| e Employee's first name and initial Last name | 11 Nor | 1 Nonqualified plans | | 12a See instructions for box 12 | | | |
| | | 207 | G | G 2377 | | | |
| Sharon Meyer | | y Retirement Third-party | 12b | 1 | | | |
| 0082 Joseph Tunnel | employe | ee plan sick pay | E | E 817 | | | |
| South Catherineberg SD 21065 | 14 Oth | er (see enclosed Notice to Emplo | yee) 12c | ı | | | |
| | | | н | 139 | | | |
| | | | 12d | | | | |
| | | | G | 966 | | | |
| f Employee's address and ZIP code | | | | 300 | | | |
| 15 State Employer's state ID number 16 State wages, tips, etc. 17 State i | ncome tax 1 | 8 Local wages, tips, etc. | 19 Local income ta | x 20 Locality name | | | |
| VT 927-50-500 49709.68 3204 | . 58 | 38192.81 | 19684.98 | Donald Turnpike | | | |
| GA 823-77-641 50871.69 2245 | . 94 | 121612.2 | 15062.93 | Emily Track | | | |

Wage and Tax Statement

Form W-2

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 socia | al security number | | | This information is being furnis | | | | | | |
|---|--------------------|----------------------------|--|---|----------------------------------|---------------------------------|-------------------------------|-----|------------------------|----------------------------|--|
| STATEMENT | 02 | 23-08-8144 | 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 numbe | <u> </u> | | I | Wages, tips, other compensation | | | 2 Federal income tax withheld | | | | |
| 22-2522139 | | | 103437.72 | | | 35832.91 | | | | | |
| c Employer's name, address, and ZIP code | | | 3 Social security wages | | | 4 Social security tax withheld | | | | | |
| Wilson and Sons Group | | | | 105962.82 | | | 8106.16 | | | | |
| 096 Stacy Mountain Apt. 305 New Courtneytown WV 94120-2284 | | | 5 Medicare wages and tips 80474.96 | | | 6 Medicare tax withheld 2333.77 | | | | | |
| | | | | | | | | | 7 Social security tips | | |
| | | | 105962.82 | | | 80474.96 | | | | | |
| | | | d Control number | d Control number | | | 9 Advance EIC payment | | | 10 Dependent care benefits | |
| 3557644 | | | | | | | 159 | | | | |
| e Employee's first name and initial Last name | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | | | |
| Sharon Meyer | | | 207 | | | G 2377 | | | | | |
| | | | 13 Statu emp | | | 12b | ı | | | | |
| 0082 Joseph Tunnel | | | | | | E | 817 | | | | |
| South Catherineberg SD 21065 | | | 14 Other (see enclosed Notice to Employee) | | | 12c | | | | | |
| | | | | | | H | 139 | | | | |
| | | | | | - | 12d | | | | | |
| | | | | | | | G | 966 | | | |
| f Employee's address and ZIP of | | | | | | | | • | | | |
| 15 State Employer's state ID | | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips, etc. | 19 Lo | ocal income tax | | 20 Locality name | | |
| VT 927-5 | 0-500 | 49709.68 | 3204.58 | | 88192.81 | 196 | 684.98 | | Donald Turnpike | | |
| GA 823-7 | 7-641 | 50871.69 | 2245.94 | | 121612.2 | 150 | 062.93 | | Emily Track | | |

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

