REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Website							
STATEMENT 106-34-1315	OMB No	o. 1545-000	98 FAST! Use			e	at www.irs.gov/efile.			
b Employer identification number			1 Wages, tips, other compensation			2 Federal income tax withheld				
36-6983135			97438.49			23330.39				
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld				
Knight, Mann and Mcgrath Ltd			97511.04			7459.59				
5002 Joshua Roads Apt. 899 Bowmanland NC 40674-4752			5 Medicare wages and tips			6 Medicare tax withheld				
			116378.33				3374.97			
			7 Social security tips				8 Allocated tips			
			97511.04			116378.33				
d Control number			9 Advance EIC payment			10 Dependent care benefits				
4251168						236				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Paul Nunez			100			5831				
			13 Statutory Retirement Third-party employee plan sick pay							
0401 Baird Stravenue			yee plan	sick pay		н	717			
Michaelborough SD 83102-2366			14 Other (see enclosed Notice to Employee)				· - ·			
			(12c	_				
		l l			12d	G	961			
			<u> </u>			I				
						E	385			
f Employee's address and ZIP code										
15 State Employer's state ID number 16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc		Docal inc		20 Locality name			
NE 571-33-848 50523.64	4874.6		73137.84	1	6144	.01	Gregory Cliff			
CO 928-34-115 51141.95	3796.79		101800.96	1	3481	.24	Carroll Ford			

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.

REISSUE	a Employee's so	cial security number		This information is being furnished to the Internal Revenue Service. If you are required								
STATEME	NT 1	L06-34-1315	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	b Employer identification number			1 Wages, tips, other compensation			2 Federal income tax withheld					
36-6983135			97438.49			23330.39						
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld						
Knight, Mann and Mcgrath Ltd			97511.04			7459.59						
5002 Joshua Roads Apt. 899 Bowmanland NC 40674-4752			5 1	Medicare wages and tips	(6 Medicare tax withheld 3374.97						
				116378.33								
			7 3	Social security tips	8	8 Allocated tips						
				97511.04		116378.33						
d Control number			9 Advance EIC payment			10 Dependent care benefits						
4251168							236					
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12						
Paul Nunez			100			5831						
			13 Statu		1:	2b						
0401 Baird Stravenue			emp	oyee plan sick pay		н	717					
			14 (Ther (see enclosed Notice to Employe	20) 1	2c	, _ ,					
Michaelborough SD 83102-2366			'* `	Other (see enclosed Notice to Employe	1		1					
						G	961					
					1:	2d	ı					
							E	385				
f Employee's address	and ZIP code							1				
15 State Employer's	state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Loca	al income tax	(20 Locality name			
NE 5	71-33-848	50523.64	4874.6		73137.84 1		44.01	Gregory Cliff				
co 9	28-34-115	51141.95	3796.79		101800.96	1348	31.24		Carroll Ford			

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

