REISSUED a E	Employee's social security number		Safe, Accurate, Visit the IRS Website							
STATEMENT	103-47-6167	OMB N	o. 1545-00	008 FAST! Use	G^{\sim}	Tile)	at www.ir	rs.gov/efile.		
b Employer identification number			1 V	Vages, tips, other compensation		2 Federal	income tax	withheld		
76-7958292				66482.66			7638.35			
c Employer's name, address, and ZIP c	ode		3 Social security wages			4 Social security tax withheld				
Mooney, Chandler and Wright Group			59149.15			4524.91				
6728 Jessica Glens			5 Medicare wages and tips			6 Medicare tax withheld				
Clarishanough NE 21192-0242			82809.28			2401.47				
Gloriaborough NE 31182-0342			7 Social security tips			8 Allocated tips				
				59149.15			8280			
d Control number			9 Advance EIC payment 10 Depender			lent care be	enefits			
7177180							159			
e Employee's first name and initial	Last name		11 N	Nonqualified plans	1	12a See ins	structions f	or box 12		
Lisa Parker			253			4652				
			13 Statutory Retirement Third-party employee plan sick pay			12b				
159 Valerie Harbors			empi	oyee plan sick pay		D	548			
Yuville CA 52205-5611			14 Other (see enclosed Notice to Employee)			12c	i I			
1471110 011 01100 0011							981			
						12d				
						E	667			
f Employee's address and ZIP code										
15 State Employer's state ID numbe	r 16 State wages, tips, etc.	17 State income tax	!	18 Local wages, tips, etc.	19 Loc	cal income tax		20 Locality name		
ОН 048-78-9	34691.73	2045.33	57266.51 9769.16			Ray Views				
KS 451-14-5	30367.12	1883.98		61737.71	129	88.03		Erica Island		

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.

F	REISSUED	a Employee's socia	al security number			This information is being furnis	hed to	o the Internal Re	venue Serv	ce. If you are required	
	TATEMENT	10	3-47-6167	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 Emplo	yer identification number				1 Wages, tips, other compensation			Federal income tax withheld			
76-7958292			66482.66			7638.35					
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld					
Mooney, Chandler and Wright Group			59149.15			4524.91					
6728 Jessica Glens			5 Medicare wages and tips			Medicare tax withheld					
Gloriaborough NE 31182-0342			82809.28			2401.47					
			7 Social security tips			8 Allocated tips					
			59149.15			82809.28					
d Control number			9 Advance EIC payment			10 Dependent care benefits					
7177180						159					
e Employee's first name and initial Last name			11 Nonqualified plans 12a See instruction			structions	or box 12				
Time Peoles			253			4652					
	Lisa Parker			13 Statu			12b	1			
159 Valerie Harbors			emple	pyee plan sick pay		D	548				
Yuville CA 52205-5611			14 Other (see enclosed Notice to Employee)			12c					
						Д	981				
						12d					
							1				
						E 667					
	yee's address and ZIP cod			1						T	
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax			:	20 Locality name			
OH	048-78	-941	34691.73	2045.33		57266.51	97	69.16		Ray Views	
	454 44		20265 12	1000 00		61505 51					
KS	451-14	-562	30367.12	1883.98		61737.71	12	2988.03		Erica Islands	

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

