REISSUED	a Employee's socia	al security number			Sa	fe, Accurate,	Re			Visit the	IRS Webs	site			
STATEMENT	0:	54-32-5256	OMB N	o. 1545-0	008 FA	ST! Use	J			at www.i	rs.gov/efile	€.			
b Employer identification number					1 Wages, tips, other compensation					2 Federal income tax withheld					
27-3641096					146667.3					31683.33					
c Employer's name, address, and ZIP code					3 Social security wages					4 Social security tax withheld					
Taylor, Fields and Reese Inc					144752.61					11073.57					
4157 Thompson Coves Suite 114				5		6 Medicare tax withheld									
Port Benjamin OK 21190-7936						3394.3									
Fort Benjamin Ok 21190-7936					7 Social security tips					8 Allocated tips					
					144752.61					117044.99					
d Control number					Advance EIC pa	ayment		10 D	epend	ent care be	enefits				
3777241										270					
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12						
Joseph Skinner				286				н 1704							
				13 Statutory Retirement Third-party employee plan sick pay				12b	i						
192 Mary Fields				X						879					
New Paul MS 87375-2521				14 Other (see enclosed Notice to Employee)				12c							
			1					H	741						
			12d												
								1	D	415					
f Employee's address and ZIP co															
15 State Employer's state ID n	umber	16 State wages, tips, etc.	17 State income tax		18 Local wa	ges, tips, etc.	19 L	ocal incor	ne tax		20 Localit	y name			
RI 642-03	L-509	75872.3	4958.58		153995.25 2		24	4030.26			Brown	Light			
CT 685-96	6-970	78764.07	5389.29	113367.68		18	18788.23			Rodrigu	ez Ramp				

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.

REI	ISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required										
STA	TEMENT	0.5	54-32-5256	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					1 Wages, tips, other compensation					2 Federal income tax withheld					
27-3641096					146667.3					31683.33					
c Employer's name, address, and ZIP code					3 Social security wages					4 Social security tax withheld					
Taylor, Fields and Reese Inc					144752.61					11073.57					
4157 Thompson Coves Suite 114					5 Medicare wages and tips					6 Medicare tax withheld					
_					117044.99 7 Social security tips					3394.3 8 Allocated tips					
Port Benjamin OK 21190-7936															
					144752.61					117044.99					
d Control number					9 Advance EIC payment					10 Dependent care benefits					
3777241										270					
e Employee's first name and initial Last name					11 Nonqualified plans					12a See instructions for box 12					
Joseph Skinner					286					н 1704					
					13 Statu	,	Retirement	Third-party		12b					
192 Mary Fields					emp	oyee	plan X	sick pay				879			
<u>-</u>								co to Employ	(00)	12c		0,7			
New Paul MS 87375-2521					14 Other (see enclosed Notice to Employee)				66)						
									Н	741					
								12d							
										D 415					
f Employee's	's address and ZIP coo	le										U			
15 State	Employer's state ID no	ımber	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.		19 L	Local income tax			20 Locality	/ name			
RI	642-01	509	75872.3	4958.58	153995.25 2		24	030.	. 26		Brown	Light			
СТ	685-96	5-970	78764.07	5389.29	113367.68 1		18'	.8788.23			Rodrigu	ez Ramp			

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

