REISSUED a Employee's social security number			Safe, Accu	rate,			Visit the	IRS Website		
STATEMENT 487-50-8645	OMB No	o. 1545-00	008 FAST! Use			le	at www.i	rs.gov/efile.		
<b>b</b> Employer identification number		1 V	Vages, tips, other comper	nsation	2	Federa	l income tax	withheld		
63-1432739			189581.1				23881.33			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld				
Morales, Williamson and Osborne and Son			199677.57			15275.33				
28839 Miller Forest Apt. 233 East Cynthia MN 82007-7291			5 Medicare wages and tips				6 Medicare tax withheld			
			188037.09				5453.08			
East Cynthia MN 62007-7291			7 Social security tips			8 Allocated tips				
			199677.57					37.09		
d Control number		9 A	dvance EIC payment		10	Depen	dent care be	enefits		
4564165							290			
e Employee's first name and initial Last name		11 Nonqualified plans			12a	12a See instructions for box 12				
James Flores		100				2319				
		13 Statutory Retirement Third-party employee plan sick pay				12b				
82775 Craig Ways Apt. 818			employee plan sick pay				376	376		
West Gregoryland TN 92858-6418		14 Other (see enclosed Notice to Employee)			e) 12c	12c				
							704			
					12d	12d				
						P	704			
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, e	tc. 1	19 Local in	come tax		20 Locality name		
SD 465-07-987 92018.99	7682.09		218850.4	3	30019	. 4		Gay Village		
MT 498-82-427 97743.5	8192.23		240636.24 24		24700	.54	Donald Passage			

Wage and Tax

5070

Department of the Treasury--Internal Revenue Service

Form W-2 Statement

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 soci	•		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if					
	TATEMENT	4	87-50-8645	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.					
<b>b</b> Emplo	yer identification number				1	Wages, tips, other compensation		Federal income tax withheld		
63-1432739			189581.1			23881.33				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Morales, Williamson and Osborne and Son			199677.57			15275.33				
28839 Miller Forest Apt. 233				5 Medicare wages and tips			6 Medicare tax withheld			
-				188037.09			5453.08			
East Cynthia MN 82007-7291				7 Social security tips			8 Allocated tips			
			199677.57			188037.09				
d Control number			9 Advance EIC payment			10 Dependent care benefits				
4564165						290				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
James Flores			100  13 Statutory Retirement Third-party employee plan sick pay  14 Other (see enclosed Notice to Employee)			2319				
82775 Craig Ways Apt. 818 West Gregoryland TN 92858-6418						G				
						12c				
							704			
					12d					
						P	P 704			
	yee's address and ZIP cod									
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax				19 Local income tax		20 Locality name
SD	465-07	-987	92018.99	7682.09		218850.4	30	019.4		Gay Village
мт	498-82	-427	97743.5	8192.23		240636.24 2		700.54	Donald Passage	

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

