REISSUED	REISSUED a Employee's social security number			Safe, Accurate,					Visit the IRS Website				
STATEMENT	4	50-01-6972	OMB N	o. 1545-0	008	FAST! Use		5~ I	ile)	at www.i	rs.gov/efile	Э.	
b Employer identification n	mber			1 Wages, tips, other compensation				2	2 Federal income tax withheld				
15-0025686				97463.65					34430.53				
c Employer's name, addre	s, and ZIP code			3 Social security wages				4	4 Social security tax withheld				
Nelson-Wiggins Ltd				77046.21					5894.04				
624 John Fork				5 Medicare wages and tips				6					
				106790.48					3096.92				
Port Melaniestad NV 72866-8954				7 Social security tips				8	8 Allocated tips				
				77046.21					106790.48				
d Control number				9	Advance EIC	payment		10	Depen	dent care be	enefits		
9056959										239			
e Employee's first name and initial Last name				11 Nonqualified plans				12a	12a See instructions for box 12				
Shane Lopez				137				D 1587					
				13 Statutory Retirement Third-party employee plan sick pay				12b		1			
5082 Lisa Roads					lioyee j	piari	SICK Pay		E	782			
East Mark MI 37591-8499					14 Other (see enclosed Notice to Employee)					1			
									E	607			
									12d				
									_	000			
									P	228			
f Employee's address and 15 State Employer's sta		16 State wages, tips, etc.	17 State income tax		18 Localy	wages, tips, et	c 11	9 Local i	ncome tax	·	20 Localit	v name	
' '	-96-071	53015.11	3856.99		9 , , ,			5792.99			Port		
110 47			3030.99		1012	09.20					Mays	FOLU	
FL 733	-50-450	47440.38	3429.82	114649.2		.1892.54			Kelsey Stravenue				

Wage and Tax

5070 **Statement** Form W-2

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.

R	EISSUED	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									
	ATEMENT	4.	50-01-6972	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.									
b Employer identification number				1 Wages, tips, other compensation				Federal income tax withheld						
15-0025686					97463.65				34430.53					
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld					
Nelson-Wiggins Ltd					77046.21				5894.04					
624 John Fork					5 Medicare wages and tips				6 Medicare tax withheld					
					106790.48				3096.92					
1	Port Melaniestad NV 72866-8954					7 Social security tips				8 Allocated tips				
					77046.21				106790.48					
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits					
9056959									239					
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12						
Shane Lopez					137				D 1587					
					13 Stat			12b						
5082 Lisa Roads East Mark MI 37591-8499				x sick pay 14 Other (see enclosed Notice to Employee)				E	782	82				
									I					
								E	607					
							-	12d						
									P	228				
f Employ	ee's address and ZIP co	de					-							
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 19		Local income tax			20 Localit	y name		
KS	479-96	5-071	53015.11	3856.99		101209.28		15792.99			Mays	Port		
FL	733-50)- 4 50	47440.38	3429.82		114649.2	11	892	.54		Kelsey S	travenue		

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

