REISSUED	a Employee's socia	•		Safe, Accurate,						Visit the	IRS Webs	ite	
STATEMENT	07	73-27-6967	OMB N	o. 1545-0	800	FAST! Use		~ f	G	at www.i	rs.gov/efile	<b>)</b> .	
b Employer identification number				1 Wages, tips, other compensation				2 Federal income tax withheld					
60-6950006					54704.05				11933.71				
c Employer's name, address, and	ZIP code			3 Social security wages				4 Social security tax withheld					
Ferguson-Nixon LLC					59087.68				4520.21				
01378 Sherri Corners				5 Medicare wages and tips				6 Medicare tax withheld					
Taylorborough CO 92918-8196					46503.36				1348.6				
					7 Social security tips				8 Allocated tips				
					59087.68				46503.36				
d Control number					Advance El	C payment		10	Depend	lent care be	enefits		
7067338										118			
e Employee's first name and initia	Last name	9		11	Nonqualifie	d plans		12a	See ins	tructions	for box 12		
				225				P 1685					
Paula Lee				13 Statutory Retirement Third-party employee plan sick pay				12b		1			
4532 Garcia Mountains					loyee		X		H	535			
Rodneyview NH 76219-0201					14 Other (see enclosed Notice to Employee)								
									н 158				
								12d					
									P	538			
f Employee's address and ZIP co	de												
15 State Employer's state ID n	umber	16 State wages, tips, etc.	17 State income tax	•	18 Loca	I wages, tips, etc.	19	Local inco	me tax		20 Locality	/ name	
ME 498-88	3-593	28398.55	1367.25		44600.85 7		73	7397.49			Murray	Union	
CO 495-05	5-764	29983.43	1489.72	60529.73		90	9061.64			Amy S	quare		

Wage and Tax Statement 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 socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
S	TATEMENT	07	73-27-6967	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				
60-6950006					54704.05				11933.71			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Ferguson-Nixon LLC					59087.68				4520.21			
01378 Sherri Corners				5 Medicare wages and tips				6 Medicare tax withheld				
Taylorborough CO 92918-8196					46503.36				1348.6			
					7 Social security tips				8 Allocated tips			
					59087.68				46503.36			
d Control number					9 Advance EIC payment				10 Dependent care benefits			
7067338									118			
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12				
Paula Lee				225				P 1685				
rauta nee					13 Statutory Retirement Third-party employee plan sick pay				12b	1		
4532 Garcia Mountains					X	, plan	X		H	535		
Rodneyview NH 76219-0201					14 Other (see enclosed Notice to Employee)				12c	i		
									н	н 158		
									12d			
									P	538		
					1				F 336			
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	s. tips. etc.	19 Lo	cal income	tax	20 Locality name			
ME.	498-88		28398.55	1367.25		44600.8			7.49		Murray Union	
	490-00		20390.33	1307.23				, 33	,,,43		Murray Union	
со	495-05	5-764	29983.43	1489.72		60529.7	73	906	1.64		Amy Square	

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

