REISSUED a Employee's social security number	Safe, Accurate,	Visit the IRS Website		
STATEMENT 718-17-2533	OMB No. 1545-0008	at www.irs.gov/efile.		
b Employer identification number	1 Wages, tips, other compensation 2	2 Federal income tax withheld		
46-3286030	221085.95	55528.91		
c Employer's name, address, and ZIP code	3 Social security wages 4	3 Social security wages 4 Social security tax withheld		
Anderson, Walker and Gonzales and Sons	249676.07	19100.22		
04716 Francis Throughway	• modicaro nagos ana apo	6 Medicare tax withheld 5029.24		
Hudsonburgh GA 20300-0551	173422.16			
nuusonburgn GA 20300-0331	7 Social security tips 8			
	249676.07	173422.16		
d Control number	9 Advance EIC payment 10			
8754048		179		
e Employee's first name and initial Last name	11 Nonqualified plans 12	2a See instructions for box 12		
	198	G 6550		
Jaclyn Morris	13 Statutory Retirement Third-party 12	2b		
72405 Anthony Run Apt. 845	employee plan sick pay	540		
West Sarah ND 33968-6091	14 Other (see enclosed Notice to Employee) 12	2c		
West Salan No 33300 0031		385		
	12	2d		
		D 519		
f Employee's address and ZIP code				
15 State Employer's state ID number 16 State wages, tips, etc. 17 Sta	income tax 18 Local wages, tips, etc. 19 Local	al income tax 20 Locality name		
MD 092-89-826 106983.22 788	.3 258914.88 2596	Samuel Mountain		
NV 255-29-544 111596.38 814	.33 282252.84 3282	Andrew Causeway		

Wage and Tax

Form W-2 Statement

5070

Cut here. Keep lower portion for your records.

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.

REISSUED	a Employee's soci	al security number			This information is being furnis	hed to th	he Internal Rev	venue Serv	ice If you are required		
	, ,	•	OMP	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							
STATEMENT	/.	18-17-2533	OIVIB	OMB No. 1545-0008 this income is taxable and you fail to report it.							
b Employer identification number				 Wages, tips, other compensation 			Federal income tax withheld				
46-3286030			221085.95			55528.91					
c Employer's name, address, and	ZIP code			3 3	Social security wages		4 Social s	security tax	withheld		
Anderson, Walker and Gonzales and Sons				249676.07			19100.22				
04716 Francis Throughway Hudsonburgh GA 20300-0551			5 Medicare wages and tips 173422.16 7 Social security tips			6 Medicare tax withheld 5029.24 8 Allocated tips					
					249676.07			1734	22.16		
d Control number				9 /	Advance EIC payment		10 Depend	dent care be	enefits		
8754048								179			
e Employee's first name and initial Last name		11 1	11 Nonqualified plans			12a See instructions for box 12					
Jaclyn Morris		198			G 6550						
			13 Statutory Retirement Third-party			12b					
72405 Anthony Run Apt. 845			emp	employee plan sick pay			540				
West Sarah ND 33968-6091		14 Other (see enclosed Notice to Employee)			12c						
								385			
							12d	ı			
							D	519			
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 Local wages, tips, etc.	19 Loc	cal income tax		20 Locality name		
MD 092-89	9-826	106983.22	7889.3		258914.88	259	60.63		Samuel Mountain		
NV 255-2	9-544	111596.38	8148.33		282252.84	328	326.59		Andrew Causeway		

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

