| REISSUED a Employee's social security number | Safe, Accurate, Visit the IRS Website | | | | |
|---|---|--|--|--|--|
| STATEMENT 024-21-6131 | OMB No. 1545-0008 FAST! Use at www.irs.gov/efile. | | | | |
| b Employer identification number | 1 Wages, tips, other compensation 2 Federal income tax withheld | | | | |
| 31-8196706 | 231848.91 57176.56 | | | | |
| c Employer's name, address, and ZIP code | 3 Social security wages 4 Social security tax withheld | | | | |
| Chapman, Drake and Stout Group | 171829.42 13144.95 | | | | |
| 828 Oneill Pines Apt. 751 | 5 Medicare wages and tips 6 Medicare tax withheld 232152.03 6732.41 | | | | |
| Johnsonside NE 29951-4606 | 7 Social security tips 8 Allocated tips | | | | |
| | 171829.42 232152.03 | | | | |
| d Control number | 9 Advance EIC payment 10 Dependent care benefits | | | | |
| 6719065 | 112 | | | | |
| e Employee's first name and initial Last name | 11 Nonqualified plans 12a See instructions for box 12 | | | | |
| Marris Calla | 204 P 2170 | | | | |
| Mary Cole | 13 Statutory Retirement Third-party 12b employee plan sick pay | | | | |
| 92387 Alexander Mountain Apt. 023 | X X E 636 | | | | |
| Port Josefort IA 06318-1323 | 14 Other (see enclosed Notice to Employee) 12c | | | | |
| | D 912 | | | | |
| | 12d | | | | |
| | P 216 | | | | |
| f Employee's address and ZIP code | | | | | |
| 15 State Employer's state ID number 16 State wages, tips, etc. 17 State i | · · · · · · · · · · · · · · · · · · | | | | |
| DC 982-84-966 119387.12 1290 | 5.09 209552.86 30065.89 Benjamin Plaz | | | | |
| ID 221-52-630 111108.25 1247 | L.94 251896.07 42028.59 Kathleen Cres | | | | |

Wage and Tax 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.

| REISSUED | a Employee's socia | al security number | | This information is being furnished to the Internal Revenue Service. If you are required | | | | | | | | |
|--|--------------------|----------------------------|--|---|----------------------------|---------------------------------|---------------------------------|-------------------------------|--|------------------|--|--|
| STATEMENT | 02 | 24-21-6131 | 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 | | | l . | 1 V | • | | | 2 Federal income tax withheld | | | | |
| 31-8196706 | | | 231848.91 | | | 57176.56 | | | | | | |
| c Employer's name, address, and ZIP code | | | 3 Social security wages | | | 4 Social security tax withheld | | | | | | |
| Chapman, Drake and Stout Group 828 Oneill Pines Apt. 751 Johnsonside NE 29951-4606 | | | 171829.42 | | | 13144.95 | | | | | | |
| | | | | 5 Medicare wages and tips 232152.03 | | | 6 Medicare tax withheld 6732.41 | | | | | |
| | | | | | | | | | | | | |
| | | | 7 Social security tips | | | 8 | 8 Allocated tips | | | | | |
| | | | 171829.42 | | | 232152.03 | | | | | | |
| d Control number | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | | | |
| 6719065 | | | | | | 112 | | | | | | |
| e Employee's first name and initial Last name | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | | | |
| Mary Cole 92387 Alexander Mountain Apt. 023 Port Josefort IA 06318-1323 | | | 204 13 Statutory Retirement Third-party | | | 12b | P 2170 | | | | | |
| | | | mployee plan sick pay X 14 Other (see enclosed Notice to Employee) | | | 120 | E | 636 | | | | |
| | | | | | | 12c | 12c | | | | | |
| | | | | | | | D 912 | | | | | |
| | | 12d | | | | | | | | | | |
| | | | | | | | P 2 | 216 | | | | |
| f Employee's address and ZIP of | | | | | T | | | | | | | |
| 15 State Employer's state ID | | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips, etc. | 1 | Local inco | | | 20 Locality name | | |
| DC 982-8 | 4-966 | 119387.12 | 12905.09 | | 209552.86 | 3 | 0065. | . 89 | | Benjamin Plaza | | |
| ID 221-5 | 2-630 | 111108.25 | 12471.94 | | 251896.07 | 4 | 2028. | .59 | | Kathleen Crest | | |

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

