INEIOOOED . ,	cial security number		Safe, Accurate, Visit the IRS Website				IRS Website		
STATEMENT	749-93-9175	OMB N	o. 1545-0	DOS FAST! Use		~1116	at www.i	rs.gov/efile.	
b Employer identification number		•	1 \	Wages, tips, other compensa	tion	2 Fe	deral income ta	x withheld	
95-7385410				211570.2			34254.97		
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld			
Vazquez, Lynn and Wolf PLC			235439.73			18011.14			
6560 Smith Lake Suite 555			5 Medicare wages and tips			6 Medicare tax withheld			
Beckermouth HI 33385-9360			181240.9			5255.99			
Beckermoden hi 33363-3360			7 Social security tips			8 Allocated tips			
				235439.73			181240.9		
d Control number			9 Advance EIC payment			10 Dependent care benefits			
827641			202						
e Employee's first name and initial Last name			11 1	11 Nonqualified plans 12a See instructions for			for box 12		
Kevin Morris			157			5364			
			13 Statutory Retirement Third-party employee plan sick pay			12b			
95526 Juan Junctions			emp	oyee plan si	ick pay	F	152		
Baileyshire MN 35024-0755			14 Other (see enclosed Notice to Employee)			12c			
						F	539		
						12d			
						F	731		
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, etc.	19	Local incom	e tax	20 Locality name	
AR 517-47-855	102407.74	5028.04		164641.11	21	1187.9	92	Powell Harbors	
MS 186-42-126	99279.95	5317.36		252842.29	33	3954.4	14	Donna Neck	

Wage and Tax Statement

Form W-2

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.

F	REISSUED	a Employee's soc	ial security number		This information is being furnished to the Internal Revenue Service. If you are required					
S	TATEMENT	7	49-93-9175	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 Emplo	oyer identification number				1	Wages, tips, other compensation		2 Federal income tax withheld		
95-7385410				211570.2			34254.97			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Vazquez, Lynn and Wolf PLC				235439.73			18011.14			
6560 Smith Lake Suite 555			5 Medicare wages and tips			6 Medicare tax withheld				
Beckermouth HI 33385-9360			181240.9 7 Social security tips			5255.99 8 Allocated tips				
d Control number			9 Advance EIC payment			10 Dependent care benefits				
827641							202			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Kevin Morris 95526 Juan Junctions Baileyshire MN 35024-0755			157 13 Statutory Retirement Third-party			5364				
			employee plan sick pay 14 Other (see enclosed Notice to Employee)			н 152				
						12c				
						P	539			
					-	12d				
						Н	н 731			
	oyee's address and ZIP coo		Transis is a	Transition .			40.1			Lag t III
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		ocal income tax		20 Locality name
AR	517-47	7-855	102407.74	5028.04		164641.11	21.	187.92		Powell Harbors
MS	186-42	2-126	99279.95	5317.36		252842.29	339	954.44		Donna Neck

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

