REIS	SSUED	a Employee's socia	•				Safe, Accu	irate,	e 🖸	CHI		Visit the	IRS Webs	te
STAT	EMENT	72	27-66-3638	OMB N	lo. 1545	-0008	FAST! Us	e	G			at www.i	rs.gov/efile	-
b Employer identification number					1	1 Wages, tips, other compensation				2 Federal income tax withheld				
15-4112943						59188.91				19561.68				
c Employer's name, address, and ZIP code					3	3 Social security wages				4 Social security tax withheld				
Butler, Carson and Cox Group						71330.04				5456.75				
4168 Henson Summit Apt. 554				5 Medicare wages and tips					6 Medicare tax withheld					
North Williamton KY 35836-2727				58349.05				1692.12						
North Williamton Ri 33636-2727				7 Social security tips					8 Allocated tips					
					71330.04					58349.05				
d Control number					9	Advance	EIC payment			10 D	•	ent care be	enefits	
296906										275				
e Employee's first name and initial Last name					11 Nonqualified plans					12a See instructions for box 12				
Christopher Williams				164					D 2397					
Chilistopher Williams					13 Statutory Retirement Third-party employee plan sick pay					12b	i			
331 Ferguson Fort							X	X				476		
West Hannahton LA 74490-1992					14 Other (see enclosed Notice to Employee)				12c					
										P 690				
									12d					
												205		
	address and ZIP cod		T	1										
	mployer's state ID nu		16 State wages, tips, etc.	17 State income tax		3, , , , , ,		-	9 Local income tax			20 Locality		
ID	ID 160-50-651 29999.87 2334.9				531	81.74		11	700.	18		Morgan	Rapid	
ME	ME 248-29-497 31572.89 2207.4				75177.8			94	9412.37			Tiffany	Forest	

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.

REISSUED	a Employee's soc	ial security number			This information is being furnis	hed to	the Internal Rev	renue Serv	rice. If you are re	equired	
STATEMENT	to file a tax return, a negligence penalty or other sanction may be imposed								e imposed on yo	ou if	
b Employer identification number					Vages, tips, other compensation	Iali to i		income tax	x withheld		
15-4112943					59188.91		19561.68				
c Employer's name, address, and ZIP code					Social security wages		4 Social security tax withheld				
Butler, Carson and Cox Group					71330.04		5456.75				
4168 Henson Summit Apt. 554					Medicare wages and tips		6 Medicare tax withheld				
North Williamton KY 35836-2727				7 5	58349.05 Social security tips		1692.12 8 Allocated tips				
					* *		·				
					71330.04		58349.05				
d Control number					Advance EIC payment		10 Dependent care benefits				
296906							275				
e Employee's first name and initial Last name				11 1	lonqualified plans		12a See instructions for box 12				
Charictershop Williams					164		D 2397				
Christopher Williams 331 Ferguson Fort					tory Retirement Third-party byee plan sick pay		12b	1			
					X X		476				
West Hanr	14 (Other (see enclosed Notice to Employ	ree)	12c							
							P 690				
							12d				
								205			
f Employee's address and ZIP											
15 State Employer's state ID		16 State wages, tips, etc.	17 State income tax			19 Lo	ocal income tax		20 Locality na	ame	
ID 160-5	0-651	29999.87	2334.9	53181.74 1		11	11700.18		Morgan R	apid	
ME 248-2	9-497	31572.89	2207.4	75177.8 9		941	12.37	Tiffany Fo	orest		

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

