REISSUED a Employee's social security number	Safe, Ad	
STATEMENT 392-04-5826	OMB No. 1545-0008 <b>FAST!</b> U	use at www.irs.gov/efile.
b Employer identification number	1 Wages, tips, other com	npensation 2 Federal income tax withheld
65-5584503	235128.13	1 40134.3
c Employer's name, address, and ZIP code	3 Social security wages	4 Social security tax withheld
Gordon, Reed and Duran Inc	206887.69	9 15826.91
07832 Matthew Underpass Suite 193	5 Medicare wages and ti	
Smithfort GA 69002-1546	231168.4	
Smithiolt GA 09002-1540	7 Social security tips	8 Allocated tips
	206887.69	
d Control number	9 Advance EIC payment	10 Dependent care benefits
3164137		285
e Employee's first name and initial Last name	11 Nonqualified plans	12a See instructions for box 12
Description of	184	н 1850
David Jones	13 Statutory Retirement	Third-party 12b
9227 Kari Valley	employee plan	341
New Darren CT 47484-7342	14 Other (see enclosed N	otice to Employee) 12c
New Bullett 01 1/101 /312		174
		12d
		G 702
f Employee's address and ZIP code		
15 State Employer's state ID number 16 State wages, tips, etc. 17 State		
ME 773-94-935 124151.31 1185	.21 259833.7	1 34370.94 Jessica Motorwa
NM 977-22-414 129243.39 1054	.64 222279.33	3 39770.25 Mitchell Poin

Wage and Tax

5070 **Statement** 

Department of the Treasury--Internal Revenue Service

Form W-2 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.

	EISSUED ATEMENT	a Employee's soci	al security number	OMB N	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 this income is taxable and you fail to report it.							
b Employer identification number  65-5584503			1 Wages, tips, other compensation 235128.11			2 Federal income tax withheld 40134.3						
c Employer's name, address, and ZIP code Gordon, Reed and Duran Inc			3 Social security wages 206887.69			4 Social security tax withheld 15826.91 6 Medicare tax withheld						
07832 Matthew Underpass Suite 193 Smithfort GA 69002-1546			5 Medicare wages and tips 231168.47 7 Social security tips			6 Medicare tax withheld 6703.89 8 Allocated tips						
d Control	number				9	206887.69 Advance EIC payment		10 Depend	2311 dent care b	68.47		
	3164137				,	. ,			285			
e Employee's first name and initial Last name  David Jones  9227 Kari Valley  New Darren CT 47484-7342			11 Nonqualified plans 184			12a See instructions for box 12 H 1850						
			13 Statutory Retirement Third-party employee plan sick pay  14 Other (see enclosed Notice to Employee)			12b	341					
						174						
								12d <b>G</b>	702			
f Employ 15 State	vee's address and ZIP coo Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local income tax	:	20 Locality name		
ME	773-94	1-935	124151.31	11853.21		259833.71	34	1370.94		Jessica Motorway		
NM	977-22	2-414	129243.39	10543.64		222279.33	39	9770.25		Mitchell Point		

Wage and Tax

**Statement** Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

