REISS	SUED a	Employee's socia	l security number			Safe, Acc	urate,	e D	A HID	Visit the	IRS Website	
STATE	MENT	21	.9-05-9508	OMB	No. 1545-0	0008 FAST! U	se	G	file	at www.i	rs.gov/efile.	
b Employer identification number					1	1 Wages, tips, other compensation			2 Federal income tax withheld			
10-9	9619301					183073.45			58714.69			
c Employer's nar	me, address, and ZIP	code			3	3 Social security wages			4 Social security tax withheld			
Arnold-Jones and Sons						211343.36			16167.77			
601 Patel Mountain				5	gg				6 Medicare tax withheld			
Wort Mary SC 56076-9633					172263.74				4995.65			
Wes	West Mary SC 56076-8633				7	7 Social security tips			8 Allocated tips			
						211343.36			172263.74			
d Control numbe	•				9	9 Advance EIC payment			10 Dependent care benefits			
1607090								137				
e Employee's firs	st name and initial	Last name	1		11	11 Nonqualified plans			12a See instructions for box 12			
		_				129			1396			
Mon	Monica Richards				13 Statutory Retirement Third-party				12b			
84717 Michelle Springs				em	employee plan sick pay			782				
					14	14 Other (see enclosed Notice to Employee)			12c			
ьак	Lake Teresa FL 57937-1343								н 252			
							L					
								12d	ĺ			
						1				301		
f Employee's address and ZIP code					•							
l '	oloyer's state ID numb		16 State wages, tips, etc.	17 State income tax	:	18 Local wages, tips,	etc.		ocal income ta	х	20 Locality name	
AK	913-61-	506	92539.16	5530.71		215835.4 2		201	20114.95		Johnson Squares	
wv	155-69-	093	87674.55	3692.94		152913.23		248	24893.81		John Squares	

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.

F	REISSUED	a Employee's soc	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
S	TATEMENT	2	19-05-9508	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	b Employer identification number					1 Wages, tips, other compensation			Federal income tax withheld			
10-9619301					183073.45			58714.69				
c Emplo	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Arnold-Jones and Sons				211343.36			16167.77					
601 Patel Mountain				5 Medicare wages and tips			6 Medicare tax withheld					
				172263.74			4995.65					
	West Mary SC 56076-8633					7 Social security tips			8 Allocated tips			
				211343.36			172263.74					
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	1607090								137			
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
	Monica Richards				129			1396				
					13 Statutory Retirement Third-party			12b				
84717 Michelle Springs				employee plan sick pay				782				
					14 Other (see enclosed Notice to Employee)			120				
	Lake Teresa FL 57937-1343					14 Other (see enclosed Notice to Employee)			120			
					!			н 252				
								12d	i			
									301			
f Employee's address and ZIP code									1			
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 I	Local income tax	:	20 Locality name		
AK	913-61	L-506	92539.16	5530.71		215835.4	20	114.95		Johnson Squares		
WV	155-69	9-093	87674.55	3692.94		152913.23	24	893.81		John Squares		

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

