REISSUED a Employee's social security number	Safe, Accurate, Visit the IRS Website							
STATEMENT 142-63-9137	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							
86-5724485	58051.86 12174.03							
c Employer's name, address, and ZIP code	3 Social security wages 4 Social security tax withheld							
Jones, Dominguez and Williams and Sons	53019.17 4055.97							
88965 Carter Common Apt. 523	5 Medicare wages and tips 6 Medicare tax withheld							
Caseyside MT 47192-1344	55818.28 1618.73							
Caseyside Mi 4/192-1344	7 Social security tips 8 Allocated tips							
	53019.17 55818.28							
d Control number	9 Advance EIC payment 10 Dependent care benefits							
19861	149							
e Employee's first name and initial Last name	11 Nonqualified plans 12a See instructions for box 12							
	234 н 1349							
Lauren Nolan	13 Statutory Retirement Third-party 12b							
802 Kevin Creek	employee plan sick pay							
North Beckytown NE 62816-8401	14 Other (see enclosed Notice to Employee) 12c							
	н 326							
	12d							
	352							
f Employee's address and ZIP code								
15 State Employer's state ID number 16 State wages, tips, etc. 17 State in	come tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name							
ID 682-80-113 30465.96 1721	14 67103.04 7801.06 Kennedy Mil							
CO 867-85-772 26328.06 1439	4 67543.79 10091.63 Watson Rapid							

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.

		a Employee's soci	al accomite accomplian			This information is being furnish	hod to	the leter	rnal Day	onua Cani	an If you are required		
F	REISSUED		•		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								
S	TATEMENT	1	42-63-9137	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.								
b Employer identification number				Wages, tips, other compensation			Federal income tax withheld						
86-5724485				58051.86			12174.03						
c Employer's name, address, and ZIP code				3	3 Social security wages			4 Social security tax withheld					
Jones, Dominguez and Williams and Sons				53019.17			4055.97						
88965 Carter Common Apt. 523				5 Medicare wages and tips 55818.28			6 Medicare tax withheld 1618.73						
											Caseyside MT 47192-1344		
53019.17			55818.28										
d Control number				9 /	9 Advance EIC payment			10 Dependent care benefits					
19861								149					
e Employee's first name and initial Last name			11 Nonqualified plans 12a See instructions for box				or box 12						
Lauren Nolan				234			н 1349						
Lauren Notan					13 Statutory Retirement Third-party employee Sick pay X 14 Other (see enclosed Notice to Employee)			12b		İ			
802 Kevin Creek								G	721				
North Beckytown NE 62816-8401								12c		1			
Notes Beery com NE 02010 0401								н	326				
				12d				11 320					
								124					
							352						
	yee's address and ZIP cod	le											
15 State	Employer's state ID nu	ımber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 19		9 Local income tax			20 Locality name		
ID	682-80)-113	30465.96	1721.14		67103.04 78		7801.06			Kennedy Mill		
со	867-85	5-772	26328.06	1439.4		67543.79		.0091.63			Watson Rapids		

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

