F	REISSUED	a Employee's socia	l security number				Safe, Accu	rate,			Visit the	IRS Website	
S	TATEMENT	39	9-52-4401	OMB N	o. 1545-0	8000	FAST! Use			e	at www.i	rs.gov/efile.	
b Employer identification number					1 Wages, tips, other compensation				2	Federal income tax withheld			
	66-8345341				220804.24				4	41055.93			
c Emplo	yer's name, address, and 2	ZIP code			3 Social security wages				4	4 Social security tax withheld			
Mcpherson LLC and Sons					222216.75				1	16999.58			
244 Ho Corners Suite 469 Port Julieview GA 44274-7033					5 Medicare wages and tips				6				
					191582.24					5555.88			
					7 Social security tips				8	8 Allocated tips			
					222216.75					191582.24			
d Control number						9 Advance EIC payment				10 Dependent care benefits			
9233077									251				
e Employee's first name and initial Last name					11 Nonqualified plans				12a	12a See instructions for box 12			
					280				7667				
Tammy Campos 2032 Mora Crossroad Apt. 275					13 Statutory Retirement Third-party employee plan sick pay				12b	12b			
										G 846			
Darleneberg NE 62365-0930						14 Other (see enclosed Notice to Employee)				12c			
Darreneberg No 02303 0930										770			
									12d	12d			
										D	388		
f Emplo	vee's address and ZIP cod	e											
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Loc	cal wages, tips, et	tc. 1	9 Local in	come tax	(20 Locality name	
ME	611-75	-237	117756.44	8616.34		283	446.58	3	36417	. 44		Joseph Crossing	
GA	991-43	-266	101670.81	11915.06	159118.38 3		33000.9			Smith Mission			

Wage and Tax
Form W-2 Statement

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 social security number This information is being furnished to the Internal Revenue Se											
S	TATEMENT	3	99-52-4401	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	yer identification number			<u>.</u>	1	Wages, tips, other compensation		2 Federal income tax withheld				
66-8345341						220804.24		41055.93				
c Employer's name, address, and ZIP code						Social security wages	4 Social security tax withheld					
Mcpherson LLC and Sons					222216.75			16999.58				
244 Ho Corners Suite 469					5	Medicare wages and tips	6 Medicare tax withheld					
						191582.24	5555.88					
	Port Julieview GA 44274-7033					Social security tips	8 Allocated tips					
						222216.75	191582.24					
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	9233077								251			
e Emplo	e Employee's first name and initial Last name					Nonqualified plans	12a See instructions for box 12					
	Tammy Campos				13 State	280	7667					
	2032 Mora Crossroad Apt. 275					ttory Retirement Third-party oyee plan sick pay	12b					
						x			G 846			
Darleneberg NE 62365-0930					14	Other (see enclosed Notice to Employ	12c					
	partenesery Na 02303 0330							770				
									12d			
									388			
f Employee's address and ZIP code							D 388					
15 State	Employer's state ID n		16 State wages, tips, etc. 17 State income			18 Local wages, tips, etc. 19			Local income tax 20 Locality na			
ME	611-75	5-237	117756.44	8616.34	283446.58 36		36	6417.44		Joseph Crossing		
GA	991-43	3-266	101670.81	11915.06		159118.38	33	000.9		Smith Mission		

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

