REISSUED	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Website						S Website	
STATEMENT	53	L3-69-327 4	OMB N	o. 1545-00	08 FAST! Us	e		G a	at www.irs.	gov/efile.	
b Employer identification number				1 Wages, tips, other compensation			2	Federal income tax withheld			
35-5432954				86015.98				14048.15			
c Employer's name, address, an	d ZIP code			3 Social security wages				4 Social security tax withheld			
Harris-Callahan Group				98801.96				7558.35			
72916 Warren Key Apt. 282				5 Medicare wages and tips				6 Medicare tax withheld			
				72903.16				2114.19			
South Joshua CO 24094-6481				7 Social security tips				8 Allocated tips			
				98801.96				72903.16			
d Control number				9 Advance EIC payment			10 Dependent care benefits				
3998628							184				
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12			
				276				н 7616			
Gerald	Gerald Jones			13 Statutory Retirement Third-party employee plan sick pay							
78112 Karen Ford					yee plan	sick pay		P !	539		
Solisview KY 94902-7489					14 Other (see enclosed Notice to Employee)						
							12d	626			
							124				
								926			
f Employee's address and ZIP of		Transition in the second	Transit i								
15 State Employer's state ID		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,		9 Local inc		2	20 Locality name	
VA 110-5	6-024	42272.55	1746.6		81833.18	1	7091	. 31	I	erek Trace	
NE 864-2	7-493	42062.64	2305.38		111719.91	1	.1794	. 61	C	ontreras Throughway	

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.

	REISSUED	a Employee's soci	•		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							
	TATEMENT	5.	L3-69-3274	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.						,	
b Emplo	yer identification number				1 Wages, tips, other compensation			Federal income tax withheld				
35-5432954					86015.98			14048.15				
c Emplo	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Harris-Callahan Group				98801.96			7558.35					
72916 Warren Key Apt. 282 South Joshua CO 24094-6481				5 Medicare wages and tips			6 Medicare tax withheld					
				72903.16			2114.19					
				7 Social security tips			8 Allocated tips					
					98801.96	72903.16						
d Contro	d Control number				9 Advance EIC payment			10 Dependent care benefits				
	3998628							184				
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Gerald Jones				276			н 7616					
				13 Statu		12b						
78112 Karen Ford					employee plan sick pay			P	539			
Solisview KY 94902-7489				14 Other (see enclosed Notice to Employee)			12c					
							626					
								12d				
									926			
f Employee's address and ZIP code				T				ı				
15 State	Employer's state ID n		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local income tax		20 Localit	y name	
VA	110-56	5-024	42272.55	1746.6		81833.18		7091.31		Derek	Trace	
NE	864-27	7-493	42062.64	2305.38		111719.91	11	794.61		Contreras	Throughway	

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

