F	REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS We					IRS Web	site		
S <sup>-</sup>	TATEMENT	78	35-41-5502	OMB N	lo. 1545-0	0008 <b>FAS</b>	T! Use	U		E	at www.i	rs.gov/efil	e.
<b>b</b> Employer identification number					1	1 Wages, tips, other compensation			2 Federal income tax withheld				
85-4909237						187969.5			65749.94				
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
Baker, Morrow and Owens and Sons					205945.49				15754.83				
4017 Jeffery Groves				5 Medicare wages and tips				6 Medicare tax withheld					
	Greertown KY 04324-0560				187010.94				5423.32				
					7 Social security tips				8 Allocated tips				
					205945.49				187010.94				
<b>d</b> Contro	ol number				9 Advance EIC payment 10 Dependent care benefits					enefits			
4827097									162				
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
						142			9243				
	Mr. Nathan				13 Statutory Retirement Third-party employee plan sick pay				12b				
390 Becky Mission Suite 431 Marcialand NV 89146-3234					X Sick pay				E 561				
					14 Other (see enclosed Notice to Employee)			yee)	12c				
											967		
									12d				
										E	362		
								-		<u> </u>	362		
15 State	oyee's address and ZIP cod Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	ļ	18 Local wages	s, tips, etc.	19 L	ocal inc	ome tax	:	20 Locali	ty name
CA	276-15	-220	93784.9	11165.29		152540.51		28	28712.0			Sara	Creek
							+=-		- <del>-</del>		130-0		
SD	298-47	-391	89261.44	8257.28		144298	. 78	33	524	. 24		Anna V	Viaduct

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 social security number					This information is being furnished to the Internal Revenue Service. If you are required						
STAT	EMENT 78	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>b</b> Employer ide	b Employer identification number				Vages, tips, other compensation		2 Federal income tax withheld				
85-4909237				187969.5			65749.94				
c Employer's n	c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Baker, Morrow and Owens and Sons				205945.49			15754.83				
4017 Jeffery Groves Greertown KY 04324-0560				5 1	Medicare wages and tips	6 Medicare tax withheld 5423.32					
					187010.94						
				7 3	Social security tips	8 Allocated tips					
		205945.49			187010.94						
d Control numb	d Control number				9 Advance EIC payment			10 Dependent care benefits			
482	27097				162						
e Employee's f	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
Mr. Nathan 390 Becky Mission Suite 431 Marcialand NV 89146-3234				13 Statu	oyee <u>plan</u> sick pay	9243 E 561					
				14 Other (see enclosed Notice to Employee)			120				
				14	orner (see enclosed Notice to Emplo	967					
							12d				
					E 362						
f Employee's a	address and ZIP code										
15 State Er	mployer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	19 Local income tax		20 Locality name		
CA	276-15-220	93784.9	11165.29		152540.51 28		28712.0		Sara Creek		
SD	298-47-391	89261.44	8257.28	144298.78 33		33	524.24	Anna Viaduct			

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

