l i	REISSUED a Employee's social security number				Safe, Accurate,				Visit the IRS Website				
S	TATEMENT	89	92-76-4772	OMB N	o. 1545-00	008 F /	AST! Use	J	rfile	at www.	irs.gov/efile.		
b Emplo	b Employer identification number					1 Wages, tips, other compensation				2 Federal income tax withheld			
55-8550918					59225.57				16229.01				
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
Jones Ltd Inc					44716.66				3420.82				
0701 William Squares Apt. 693					5 Medicare wages and tips				6 Medicare tax withheld				
	West Julie AK 69980-2598					54405.73				1577.77			
	west Juile	AL	09900-2590		7 Social security tips				8 Allocated tips				
					44716.66				54405.73				
d Contr	ol number				9 Advance EIC payment				10 Dependent care benefits				
	5746285									239			
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
					298				E 2131				
Justin Thompson				13 Statutory Retirement Third-party sick pay 14 Other (see enclosed Notice to Employee)				12b	1				
03153 Jon Parkways Suite 586 Rileyfort MD 65920-9019								D	729				
								12c	İ				
										686			
				ļ			F	12d					
										229			
f Emple	ovee's address and ZIP cod	۵						-		223			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wa	ges, tips, etc.	19 L	ocal income ta	ax	20 Locality name		
ТX	163-64	-655	29300.97	1952.45	45382.15		892	928.6		Morgan Plaza			
WA	820-23	-660	27152.05	2114.36		74962	.15	112	209.77		Joseph Fields		

Wage and Tax Statement

Form W-2

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 Service. If you are required to file a tay return a predicate a greatly or other capation may be imposed an you if							
	TATEMENT	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 Employer identification number					Wages, tips, other compensation			Federal income tax withheld				
55-8550918					59225.57			16229.01				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Jones Ltd Inc					44716.66			3420.82				
0701 William Squares Apt. 693 West Julie AK 69980-2598					fledicare wages and tips	6 Medicare tax withheld						
					54405.73	1577.77						
					ocial security tips		8 Allocated tips					
		44716.66			54405.73							
d Contro	ol number	9 Advance EIC payment			10 Dependent care benefits							
	5746285				239							
e Emplo	yee's first name and initial Last na	ame		11 Nonqualified plans			12a See instructions for box 12					
Justin Thompson 03153 Jon Parkways Suite 586 Rileyfort MD 65920-9019					298			E 2131				
					13 Statutory Retirement Third-party employee plan sick pay							
								729				
					Other (see enclosed Notice to Employ	ree)	12c					
RITEVIOLE FID 03920 9019							686					
					Ī	12d	1					
					229							
	yee's address and ZIP code	T -	T			[
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		ocal income tax		20 Locality name			
TX	163-64-655	29300.97	1952.45		45382.15		28.6		Morgan Plaza			
WA	820-23-660	27152.05	2114.36		74962.15		.1209.77		Joseph Fields			

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

