| REISSUED | a Employee's socia | • | | | | Safe, Accu | irate, | | | Visit the | IRS Website | |
|---|-------------------------|----------------------------|---------------------|--|-----------------------------------|------------------|--------|------------|---------------------------------|-----------|------------------|--|
| STATEMENT | 65 | 55-49-6525 | OMB N | lo. 1545-0 | 800 | FAST! Us | e | | le | at www.i | rs.gov/efile. | |
| b Employer identification number | | | | 1 \ | 1 Wages, tips, other compensation | | | | 2 Federal income tax withheld | | | |
| 12-1427483 | | | | | 118587.23 | | | | 14056.13 | | | |
| c Employer's name, address, and | ZIP code | | | 3 Social security wages | | | | 4 | 4 Social security tax withheld | | | |
| Cunningham, Cooper and Powell and Sons | | | | 131868.91 | | | | 1 | 10087.97 | | | |
| 56928 Donald Forge | | | | 5 Medicare wages and tips | | | | | 6 Medicare tax withheld | | | |
| | | | | 142270.31 | | | | | 4125.84 | | | |
| west Erin | West Erin MO 27366-5482 | | | | 7 Social security tips | | | | 8 Allocated tips | | | |
| | | | | 131868.91 | | | | | 142270.31 | | | |
| d Control number | | | | 9 Advance EIC payment | | | | 10 | 10 Dependent care benefits | | | |
| 3591267 | | | | | | | | | | 204 | | |
| e Employee's first name and initial Last name | | | | 11 Nonqualified plans | | | | 12a | 12a See instructions for box 12 | | | |
| | | | | 152 | | | | | P 9393 | | | |
| William Leach | | | | 13 Statutory Retirement Third-party | | | | 12b | | 1 | | |
| 4282 Heather Plains Suite 235 | | | | employee plan sick pay | | | | | н 617 | | | |
| Cathystad UT 42360-3741 | | | | 14 Other (see enclosed Notice to Employee) | | | |) 12c | | 1 | | |
| | | | | | | | | | н | 241 | | |
| | | | | | | | | 12d | 12d | | | |
| | | | | | | | | | D | 194 | | |
| f Employee's address and ZIP co | de | | | | | | | | | | | |
| 15 State Employer's state ID n | | 16 State wages, tips, etc. | 17 State income tax | • | 18 Loca | l wages, tips, e | etc. 1 | 9 Local in | come tax | (| 20 Locality name | |
| MS 212-1 | 6-084 | 59336.75 | 3941.8 | 8 | | 106697.83 2 | | 2117.53 | | | Sherry Viaduct | |
| WV 226-72 | 2-141 | 64391.06 | 3471.52 | | 94534.43 | | | L4479.38 | | | Emily Corners | |

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.

| R | EISSUED | a Employee's soci | al security number | | This information is being furnished to the Internal Revenue Service. If you are required | | | | | | | | |
|---|--------------------------|-------------------|----------------------------|-------------------------------------|---|-------------|----------------|----------|---------------------------------|----------------------------|---------------|------------------|--|
| ST | ATEMENT | 6. | 55-49-6525 | 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 Employer identification number | | | | 1 \ | , | | | | 2 Federal income tax withheld | | | | |
| 12-1427483 | | | | | 118587.23 | | | | 14056.13 | | | | |
| c Employer's name, address, and ZIP code | | | | 3 3 | 3 Social security wages | | | | 4 Social security tax withheld | | | | |
| Cunningham, Cooper and Powell and Sons | | | | | 131868.91 | | | | 10087.97 | | | | |
| 56928 Donald Forge | | | | 5 Medicare wages and tips | | | | | 6 Medicare tax withheld | | | | |
| West Erin MO 27366-5482 | | | | | 142270.31 | | | | | 4125.84 | | | |
| | | | | | 7 Social security tips | | | | | 8 Allocated tips | | | |
| | | | | | | 131868.91 | | | | 142270.31 | | | |
| d Control number | | | | | 9 Advance EIC payment | | | | | 10 Dependent care benefits | | | |
| 3591267 | | | | | | | | | | 204 | | | |
| e Employee's first name and initial Last name | | | | 11 Nonqualified plans | | | | | 12a See instructions for box 12 | | | | |
| William Leach | | | | 152 | | | | | P 9393 | | | | |
| | | | | 13 Statutory Retirement Third-party | | | | | 12b | | | | |
| 4282 Heather Plains Suite 235 | | | | | emp | 7 | X | sick pay | | н | 617 | | |
| 4202 heather Plains Suite 255 | | | | | | | | | | 11 12c | 017 | | |
| Cathystad UT 42360-3741 | | | | | 14 Other (see enclosed Notice to Employee) | | | | ee) | 120 | 1 | | |
| | | | | | | | | | H | 241 | | | |
| | | | | | | | | | | 12d | 1 | | |
| | | | | | | | | | | D | 194 | | |
| f Employ | ee's address and ZIP cod | le | | | | | | | | | Į. | | |
| 15 State | Employer's state ID nu | ımber | 16 State wages, tips, etc. | 17 State income tax | | 18 Local | wages, tips, e | tc. | 19 Lo | cal income ta | х | 20 Locality name | |
| MS | 212-16 | -084 | 59336.75 | 3941.8 | | 106697.83 2 | | | 221 | .17.53 | | Sherry Viaduct | |
| wv | 226-72 | 2-141 | 64391.06 | 3471.52 | | 94534.43 | | 144 | 179.38 | | Emily Corners | | |

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

