REISSUED a Employee's social security r	number			Safe, Accurat	te,		Visit the IRS Website	
STATEMENT 550-01-	-3226	OMB No. 1	1545-000	8 FAST! Use		~file	at www.irs.gov/efile.	
<b>b</b> Employer identification number			1 W	ages, tips, other compensa	tion	2 Federa	l income tax withheld	
44-4886088				114080.1		2227	2.86	
c Employer's name, address, and ZIP code			<b>3</b> So	cial security wages		4 Social s	security tax withheld	
Morrison Ltd Group				144247.43		1103	4.93	
996 Katrina Forges Apt. 829				edicare wages and tips		6 Medicare tax withheld		
Greerfort MI 66449-1475				121476.26		3522.81  8 Allocated tips		
Gleerioit Mi 00449	1475			cial security tips		8 Allocate	·	
				144247.43			121476.26	
d Control number			9 Ad	vance EIC payment		10 Depend	dent care benefits	
8154756							276	
e Employee's first name and initial Last name		1	<b>11</b> No	nqualified plans		12a See in:	structions for box 12	
manalan Timana			284			4814		
Taylor Jimenez			13 Statutory Retirement Third-party employee plan sick pay			12b	ı	
4677 Barton Cove Suite	071		Cilipidy		X	G	201	
Joshuafort AR 596	30-4297	1	14 Ot	ner (see enclosed Notice to	Employee)	12c	İ	
							787	
						12d		
							220	
f Employee's address and ZIP code							-	
15 State Employer's state ID number 16 State	wages, tips, etc. 17	State income tax		18 Local wages, tips, etc.	19	Local income tax	20 Locality name	
IL 462-24-212 6014	4.84 38	382.58		113377.01	15	5187.56	Maria Parkway	
PA 070-17-786 5978	4.6 51	176.05		80106.98	20	0780.22	Brian Lakes	

Wage and Tax

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.

F	REISSUED	a Employee's socia	l security number			This information is being furnis	hed to	the Internal Rev	enue Serv	ice. If you are required	
	TATEMENT	55	0-01-3226	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>b</b> Emplo	yer identification number			ı.	Wages, tips, other compensation			2 Federal income tax withheld			
44-4886088			114080.1			22272.86					
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld					
Morrison Ltd Group			144247.43			11034.93					
996 Katrina Forges Apt. 829 Greerfort MI 66449-1475			5 Medicare wages and tips			6 Medicare tax withheld					
			121476.26			3522.81					
			7 Social security tips			8 Allocated tips					
			144247.43			121476.26					
d Contro	ol number				9 A	dvance EIC payment		10 Depend	lent care be	enefits	
	8154756								276		
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Taylor Jimenez			284			4814					
			13 Statu			12b					
4677 Barton Cove Suite 071			emple	pyee plan sick pay		G	201				
Joshuafort AR 59630-4297			14 Other (see enclosed Notice to Employee)			12c					
							787				
							-	12d	101		
								120	l		
						220					
	yee's address and ZIP cod										
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	ocal income tax		20 Locality name	
IL	462-24	-212	60144.84	3882.58		113377.01	15	187.56		Maria Parkway	
PA	070-17	-786	59784.6	5176.05		80106.98	20	780.22		Brian Lakes	

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

