F	REISSUED	a Employee's socia	I security number			Sa	fe, Accurate,	10 A	JZ⊞		Visit the	IRS Website	
S	TATEMENT	15	55-79-9495	OMB N	o. 1545-0	008 <b>F</b> A	ST! Use	U	7 III	e	at www.i	rs.gov/efile.	
<b>b</b> Employer identification number					1	1 Wages, tips, other compensation			Federal income tax withheld				
	66-7748232					78917.99			27965.88				
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
Jones Inc Group					64515.14			4935.41					
71315 Mueller Shore Suite 319					5 Medicare wages and tips				6 Medicare tax withheld				
	South John UT 37529-8898					72527.01				2103.28			
						7 Social security tips				8 Allocated tips			
					64515.14				72527.01				
d Contro	ol number				9 Advance EIC payment			10 Dependent care benefits					
	6211491								239				
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12					
	Stanley Snyder 826 Mcguire Point Apt. 065					217			н 2076				
						13 Statutory Retirement Third-party employee plan sick pay				ı	1		
						X X			456				
New Amandafurt WY 93814-9259					14 Other (see enclosed Notice to Employee)			yee)	12c				
								962					
										12d			
										н	654		
f Employee's address and ZIP code													
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wa	ges, tips, etc.	19 i	ocal inco	ome tax		20 Locality name	
TX	728-18	-800	38810.72	4755.25		58628.75 1		11	1113.05			Charles Motorway	
MI	417-89	-157	41871.19	4907.61		81438	. 63	14	173.	46		Emily Spurs	

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.

	REISSUED	a Employee's soci	•	OMPIN	This information is being furnished to the Internal Revenue Service. If you are required OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be imposed on you if							
	STATEMENT				this income is taxable and you fail to report it.							
1	yer identification number				1 Wages, tips, other compensation			2 Federal income tax withheld				
66-7748232					78917.99			27965.88				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Jones Inc Group					64515.14			4935.41				
71315 Mueller Shore Suite 319					5 N	Medicare wages and tips	6 Medicare tax withheld					
	South John UT 37529-8898					72527.01	2103.28					
						Social security tips	8 Allocated tips					
						64515.14	72527.01					
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	6211491								239			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
Stanley Snyder 826 Mcguire Point Apt. 065 New Amandafurt WY 93814-9259					13 Statu	217 tory Retirement Third-party	H 2076					
					employee plan sick pay							
					14 (	Other (see enclosed Notice to Employ	12c					
	NON 1211011001200 N. 1 30021 3203								962			
									12d			
									н 654			
f Employee's address and ZIP code  15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax						I do I and a series for all	10	Local income tax		00 1		
			9			18 Local wages, tips, etc.				20 Locality name		
TX	728-18	3-800	38810.72	4755.25		58628.75		11113.05		Charles Motorway		
MI	417-89	9-157	41871.19	4907.61		81438.63	14	173.46		Emily Spurs		

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

