	-10000	ial security number 93-79-5027	OMB N	lo. 1545-000	Safe, Acc 8 FAST! Us	1775	<b>e</b> ≁fi	e		IRS Webs														
<b>b</b> Employer identification number					1 Wages, tips, other compensation			2 Federal income tax withheld																
54-0107598					240282.8				39656.84															
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld																
Norman, Good and Jones PLC					271986.64				20806.98															
938 Greene Square Suite 081 Port Terri GA 49268-8032					5 Medicare wages and tips 310056.61 7 Social security tips				6 Medicare tax withheld 8991.64 8 Allocated tips															
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													d Control number				9 Advance EIC payment			10				
8306013									226															
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12																
Tomomus Collons				259				D 3459																
Jeremy Sellers  0963 Seth Groves Suite 795  North Brittanyshire NV 36141					13 Statutory Retirement Third-party employee plan sick pay				1															
					x x				447															
					14 Other (see enclosed Notice to Employee)				i															
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									786															
f Employe	ee's address and ZIP code								1.30															
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	1	18 Local wages, tips,	etc.	19 Local inc	come tax	x	20 Localit	y name													
AK	683-42-678	114886.92	7060.87		232973.87		43795	.51		Pena	Neck													
CA	226-13-265	130144.63	10635.77		259074.04		45078	. 7		Murphy	y Camp													
-	Were and Toy	1																						

Wage and Tax 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 socia	l security number			This information is being furn							
STATEMENT	09	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 Wages, tips, other compensation			Federal income tax withheld				
54-0107598					240282.8			39656.84				
c Employer's name, address, and ZIP code					Social security wages	4 Social security tax withheld						
Norman, Good and Jones PLC					271986.64			20806.98				
938 Greene Square Suite 081					5 Medicare wages and tips 310056.61			6 Medicare tax withheld 8991.64				
												Port Terri GA 49268-8032
					271986.64			310056.61				
d Control number				9	Advance EIC payment		10 Depend	ent care bene	fits			
8306013								226				
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12				
Jeremy Sellers 0963 Seth Groves Suite 795				13 Stat	259  13 Statutory Retirement Third-party employee plan Sick pay			D 3459				
North Brittanyshire NV 36141					14 Other (see enclosed Notice to Employee)			12c				
								983				
					!			12d				
								786				
f Employee's address and ZIF  15 State Employer's state I		16 State wages, tips, etc.	17 State income tax	<u> </u>	18 Local wages, tips, etc.	19	Local income tax	12	0 Locality	/ name		
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	42-678	114886.92	7060.87	•	J		3795.51		ena	_		
CA 226-	13-265	130144.63	10635.77		259074.04	45	078.7	м	iurphy	Camr		

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

