REISSUED a Employee's social security number	Safe, Accurate, Visit the IRS Website
STATEMENT 276-60-4282	OMB No. 1545-0008 FAST! Use at www.irs.gov/efile.
b Employer identification number	1 Wages, tips, other compensation 2 Federal income tax withheld
58-8740106	141902.47 42039.03
c Employer's name, address, and ZIP code	3 Social security wages 4 Social security tax withheld
Parsons, Kennedy and Weber and Sons	159873.65 12230.33
8669 Jacob Circle Suite 710	5 Medicare wages and tips 6 Medicare tax withheld
South Amandahaven IA 19200-4715	136575.79 3960.7
boddii miandanaven in 19200 4715	7 Social security tips 8 Allocated tips
	159873.65 136575.79
d Control number	9 Advance EIC payment 10 Dependent care benefits
745999	249
e Employee's first name and initial Last name	11 Nonqualified plans 12a See instructions for box 12
Wathless Comment	129 5965
Kathleen Guerrero	13 Statutory Retirement Third-party 12b employee plan sick pay
789 Danielle Rapid	employee plan sick pay 616
Santiagotown DC 31499-6747	14 Other (see enclosed Notice to Employee) 12c
	D 532
	12d
	E 404
f Employee's address and ZIP code	
1 1/1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ncome tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name
OR 663-08-668 70571.17 9288	.03 152733.61 22198.17 James Club
OK 853-57-803 72690.26 6477	.19 103940.05 20273.74 carolyn Squares

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.

R	EISSUED a Employee's so	This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if								
	AILMENI	276-60-4282	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.						
b Employ	er identification number			1 Wages, tips, other compensation			Federal income tax withheld			
58-8740106				141902.47			42039.03			
c Employer's name, address, and ZIP code				3 3	3 Social security wages			4 Social security tax withheld		
Parsons, Kennedy and Weber and Sons				159873.65			12230.33			
8669 Jacob Circle Suite 710 South Amandahaven IA 19200-4715				5 Medicare wages and tips 136575.79			6 Medicare tax withheld			
							3960.7			
				7 Social security tips			8 Allocated tips			
				159873.65			136575.79			
d Control number			9 /	9 Advance EIC payment			10 Dependent care benefits			
745999								249		
e Employ	e Employee's first name and initial Last name			11 Nonqualified plans 12a See instructions for box 12				for box 12		
Kathleen Guerrero 789 Danielle Rapid Santiagotown DC 31499-6747				129 13 Statutory Retirement Third-party employee plan Sick pay 14 Other (see enclosed Notice to Employee)			5965 12b 616			
										14
							ļ			D 532
							12d			
							E 404			
	yee'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 L	Local income tax		20 Locality nar	me
OR	663-08-668	70571.17	9288.03		152733.61	22	198.17		James C	lub
ок	853-57-803	72690.26	6477.19		103940.05	20	273.74		Carolyn Squ	uares

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

