REISS	UED a Emplo	yee's social security number			Safe, Accurat	te,		Visit the	RS Website		
STATE	MENT	643-78-4105	OMB N	o. 1545-00	08 FAST! Use		7 1116	at www.ii	s.gov/efile.		
b Employer identif	ication number			1 V	ages, tips, other compensa	tion	2 Federa	l income tax	withheld		
36-1	317950			195189.25			63809.57				
c Employer's nam	e, address, and ZIP code			3 Social security wages			4 Social security tax withheld				
Wood and Sons LLC				191871.7			14678.19				
331 Julia Ports Suite 522				5 N	ledicare wages and tips		6 Medicare tax withheld				
				235450.96			6828.08				
wade	Wadeton RI 78112-8294				7 Social security tips			8 Allocated tips			
					191871.7			2354	50.96		
d Control number				9 A	dvance EIC payment		10 Depend	dent care be	nefits		
6556	12							169			
e Employee's first	name and initial	Last name		11 N	onqualified plans		12a See in:	structions f	or box 12		
				231			4963				
Jessica Manning				13 Statutory Retirement Third-party			12b				
7820	Courtney	Spur Apt. 638		X	pyee plan si	ck pay	E	731			
Stevenberg OK 11286-4764				14 Other (see enclosed Notice to Employee)			12c	i .			
	-						н	201			
							12d				
							D	295			
f Employee's add	ress and ZIP code										
15 State Emplo	oyer'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		
MN	235-35-372	93846.57	10958.45		231019.02	30	0302.78		Vincent River		
WA	350-43-285	102749.34	8458.75		160494.12	36	6480.76		Katrina Crest		

Wage and Tax

Form W-2 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.

F	REISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
	TATEMENT	64	13-78-4105	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 Emplo	yer identification number				1 Wages, tips, other compensation			2 Federal income tax withheld			
36-1317950				195189.25			63809.57				
c Emplo	c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Wood and Sons LLC				191871.7			14678.19				
331 Julia Ports Suite 522				5 Medicare wages and tips			6 Medicare tax withheld				
				235450.96			6828.08				
	Wadeton RI 78112-8294				7 Social security tips			8 Allocated tips			
				191871.7			235450.96				
d Contro	d Control number				9 Advance EIC payment			10 Dependent care benefits			
	655612							169			
e Emplo	e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Jessica Manning				231 13 Statutory Retirement Third-party			4963				
				employee plan sick pay				1			
	7820 Courtney Spur Apt. 638				X			E 731			
Stevenberg OK 11286-4764				14 Other (see enclosed Notice to Employee)			12c				
							н 201				
							ŀ	12d			
							D	D 295			
f Employee's address and ZIP code					<u></u>	, [
15 State	Employer's state ID nun		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		ocal income tax	(20 Locality name	
MN	235-35	-372	93846.57	10958.45		231019.02	30	302.78		Vincent River	
WA	350-43	-285	102749.34	8458.75		160494.12		6480.76		Katrina Crest	

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

