REISSUED a Employee's social secu	•			Safe, Accu	rate,			Visit the I	RS Website		
STATEMENT 636-	10-0307	OMB No	. 1545-00	008 FAST! Use			e	at www.ir	s.gov/efile.		
<b>b</b> Employer identification number			1 \	Wages, tips, other comper	sation	2	Federal	income tax	withheld		
33-0924804				123146.71				23098.12			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Jefferson-Perkins and Sons			157308.31			1	12034.09				
34634 Smith Landing			5 Medicare wages and tips			6					
Weaverland MN 83511-1770			126959.7				3681.83				
			7 Social security tips				8 Allocated tips				
				157308.31				12695			
d Control number			9 /	Advance EIC payment		10	Depend	ent care be	nefits		
9946894								232			
e Employee's first name and initial Last name			11 1	Nonqualified plans		12a	See ins	tructions f	or box 12		
Kathy Morrison			284				D 2405				
			13 Statutory Retirement Third-party employee plan sick pay			12b		1			
165 Stanley Common			omp.	]	X		P	555			
Lewismouth KS 2	4477-7018		14 (	Other (see enclosed Notice	to Employee)	12c					
							G	393			
							12d				
							н	832			
f Employee's address and ZIP code											
	State wages, tips, etc. 17	State income tax		18 Local wages, tips, et	c. 19	9 Local inc	come tax		20 Locality name		
KY 390-00-666 57	053.43 4	350.76		89866.28	2	4033	.39		Julia Fields		
WI 342-03-599 66	5765.43 4	594.1		127916.62	1	6648	.53		Douglas Divide		

Wage and Tax

**Statement** Form W-2

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.

R	EISSUED	a Employee's socia	I security number			This information is being furnis	hed to	the Internal Re	venue Serv	ice. If you are required	
	ATEMENT	63	36-10-0307	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 Employer identification number			Wages, tips, other compensation			2 Federal income tax withheld				
33-0924804				123146.71			23098.12				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Jefferson-Perkins and Sons			157308.31			12034.09					
34634 Smith Landing Weaverland MN 83511-1770			5 Medicare wages and tips			6 Medicare tax withheld					
			126959.7			3681.83					
			7 Social security tips			8 Allocated tips					
			157308.31			126959.7					
<b>d</b> Control	number				9 A	dvance EIC payment		10 Deper	dent care be	enefits	
9	9946894								232		
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Kathy Morrison 165 Stanley Common Lewismouth KS 24477-7018			284			D 2405					
			13 Statutory Retirement Third-party employee Plan Sick pay X  14 Other (see enclosed Notice to Employee)			12b					
						P	555				
						1 333					
						G	393				
								12d	i		
						н	832				
f Employe	ee's address and ZIP cod	le							•		
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local income ta	x	20 Locality name	
KY	390-00	-666	57053.43	4350.76		89866.28	24	033.39		Julia Fields	
WI	342-03	5-599	66765.43	4594.1		127916.62	16	648.53		Douglas Divide	

Wage and Tax

**Statement** Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

