REISSUED a Employee's social security number	Safe, Accurate, Visit the IRS Website					
STATEMENT 687-15-0471	OMB No. 1545-0008 FAST! Use at www.irs.gov/efile.					
<b>b</b> Employer identification number	1 Wages, tips, other compensation 2 Federal income tax withheld					
31-6510138	113702.01 36557.15					
c Employer's name, address, and ZIP code	3 Social security wages 4 Social security tax withheld					
Cunningham-Jones Ltd	126620.14 9686.44					
6298 Curry Stravenue	5 Medicare wages and tips 6 Medicare tax withheld					
Port Brandonview AL 58147-4404	101090.31 2931.62					
FOIC Blandonview AL Solit 1404	7 Social security tips 8 Allocated tips					
	126620.14 101090.31					
d Control number	9 Advance EIC payment 10 Dependent care benefits					
4746667	193					
e Employee's first name and initial Last name	11 Nonqualified plans 12a See instructions for box 12					
7.1 code Polos	264 P 3946					
Alexis Baker	13 Statutory Retirement Third-party 12b					
3170 Caroline Stravenue Apt. 863	employee plan sick pay x 157					
Port Janicestad WA 26083-5725	14 Other (see enclosed Notice to Employee) 12c					
	н 346					
	12d					
	761					
f Employee's address and ZIP code						
15 State         Employer's state ID number         16 State wages, tips, etc.         17 State in	ncome tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name					
DC 566-15-708 59415.17 2166	.55   146169.1   16868.31   Mejia Port					
AR 961-76-174 61213.48 2067	.51 85601.39 11534.69 Moore Ville					

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.

REISSUED	a Employee's soc	ial security number		This information is being furnished to the Internal Revenue Service. If you are required								
STATEMENT	6	87-15-0471	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>b</b> Employer identification no	mber			1 Wages, tips, other compensation				2 Federal income tax withheld				
31-6510138			113702.01			36557.15						
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld						
Cunningham-Jones Ltd			126620.14			9686.44						
6298 Curry Stravenue			5 Medicare wages and tips			6 Medicare tax withheld						
Port Brandonview AL 58147-4404			101090.31			2931.62						
			7 Social security tips			8 Allocated tips						
			126620.14			101090.31						
d Control number			9 Advance EIC payment			10 Dependent care benefits						
4746667						193						
e Employee's first name and initial Last name		11 Nonqualified plans			12a See instructions for box 12							
			264		P 3946							
Alexis Baker		13 Statu			12b							
3170 Caroline Stravenue Apt. 863			employee plan sick pay			157						
Port Janicestad WA 26083-5725			14 Other (see enclosed Notice to Employee)			12c						
Tore bunicesedd Mir 20003 3723		н				346						
							12d	340				
								7.61				
					761							
f Employee's address and  15 State Employer's sta		I do State was a time at	17 State income tax		40 Landingara tina ata	140	Local income ta:		20 1!:			
' '		16 State wages, tips, etc.			3.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				20 Locality name			
DC 566	-15-708	59415.17	2166.55		146169.1 16		6868.31		Mejia Port			
AR 961	-76-174	61213.48	2067.51		85601.39	11	534.69		Moore Ville			

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

