| R | REISSUED a Employee's social security number | | | | Safe, Accurate, Visit the IRS Website | | | | | | | | |
|---|---|------|----------------------------|---------------------|--|--|----------------|-----|---------------------------------|--------------------------------|-------------|----------------|-------|
| SI | TATEMENT | 75 | 51-46-9279 | OMB N | o. 1545- | 8000 | FAST! Us | e 🐃 | 5-1 | ile | at www.i | rs.gov/efile. | |
| b Emplo | b Employer identification number | | | | | 1 Wages, tips, other compensation | | | | Federal income tax withheld | | | |
| 20-0223860 | | | | | | 152541.23 | | | | 39665.3 | | | |
| c Employer's name, address, and ZIP code | | | | | 3 Social security wages | | | | 4 | 4 Social security tax withheld | | | |
| Jones-Ross LLC | | | | | 183070.17 | | | | | 14004.87 | | | |
| 02554 Melinda Junctions | | | | | 5 Medicare wages and tips | | | | 6 | • modical o tax municia | | | |
| | 70 choi ou MY 42250 7026 | | | | | 153223.05 | | | | 4443.47 | | | |
| Zacharyview TX 43250-7926 | | | | | 7 Social security tips | | | | 8 | | | | |
| | | | | | 183070.17 | | | | | 153223.05 | | | |
| d Contro | | | | | 9 | Advance El | C payment | | 10 | Depen | dent care b | enefits | |
| 2472506 | | | | | | | | | | | 274 | | |
| e Employee's first name and initial Last name | | | | | 11 Nonqualified plans | | | 12a | 12a See instructions for box 12 | | | | |
| | | | | | 157 | | | | | 6772 | | | |
| | Melanie Gibbs | | | | | 13 Statutory Retirement Third-party employee plan sick pay | | | | D) | 1 | | |
| 1303 Zamora Island Apt. 469 New Scottville SD 45955-8102 | | | | | 14 Other (see enclosed Notice to Employee) | | | | | н | 836 | | |
| | | | | | | | | | ee) 120 | : | 1 | | |
| | | | | | | | | | | н | 146 | | |
| | | | | | | | | | 120 | 12d | | | |
| | | | | | | | | | | _ | | | |
| | | | | | | | | | | E | 555 | | |
| f Employ 15 State | yee's address and ZIP cod Employer's state ID nu | | 16 State wages, tips, etc. | 17 State income tax |] | 18 Local | wages, tips, e | etc | 19 Local | ncome ta | | 20 Locality na | ame |
| MT | 823-75 | | 83557.43 | 6385.5 | | | 74.29 | | 1594 | | - | Heidi Sq | |
| | | | 100007.10 | 1000.0 | | | | | | · · · · | | merar bq | .ware |
| IN | 443-87 | -052 | 79209.22 | 7292.59 | | 1780 | 60.62 | | 2662 | 0.11 | | Murray A | lley |

Wage and Tax

Form W-2 Statement

5010

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 | REISSUED a Employee's social security number This information is being furnished to the Internal Reve | | | | | | | | | | | |
|--|---|-------|----------------------------|---------------------|---|--|------|---------------------------------|----------|------------------|--|--|
| S1 | TATEMENT | 75 | 51-46-9279 | OMB No | 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 Employ | b Employer identification number | | | | | Wages, tips, other compensation | | 2 Federal income tax withheld | | | | |
| 20-0223860 | | | | | | 152541.23 | | 39665.3 | | | | |
| c Employer's name, address, and ZIP code | | | | | 3 Social security wages | | | 4 Social security tax withheld | | | | |
| Jones-Ross LLC | | | | | | 183070.17 | | 14004.87 | | | | |
| 02554 Melinda Junctions Zacharyview TX 43250-7926 | | | | | 5 | Medicare wages and tips | | 6 Medicare tax withheld 4443.47 | | | | |
| | | | | | | 153223.05 | | | | | | |
| | | | | | 7 | Social security tips | | 8 Allocated tips | | | | |
| | | | | | | 183070.17 | | 153223.05 | | | | |
| d Control number | | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | |
| | 2472506 | | | | | | | | 274 | | | |
| e Emplo | e Employee's first name and initial Last name | | | | | Nonqualified plans | | 12a See instructions for box 12 | | | | |
| | Melanie Gibbs | | | | | 157 | | | 6772 | | | |
| | Metanie Gibbs | | | | 13 State | ttory Retirement Third-party oyee plan sick pay | | 12b | i | | | |
| | 1303 Zamora Island Apt. 469 | | | | | x | | | 836 | | | |
| New Scottville SD 45955-8102 | | | | | 14 Other (see enclosed Notice to Employee) | | | 12c | İ | | | |
| | | | | | | | | н 146 | | | | |
| | | | | | | | - | 12d | | | | |
| | | | | | | | | | E 555 | | | |
| | yee's address and ZIP cod | | | | | | | | • | | | |
| 15 State | Employer's state ID nu | ımber | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips, etc. | 19 L | ocal income | tax | 20 Locality name | | |
| MT | 823-75 | 5-463 | 83557.43 | 6385.5 | | 117974.29 | 15 | 945.71 | <u> </u> | Heidi Square | | |
| IN | 443-87 | -052 | 79209.22 | 7292.59 | | 178060.62 | 26 | 620.1 | L | Murray Alley | | |

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

