REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website						
STATEMENT 177-37-3195	OMB No	. 1545-0008	FAST! Use		≁file	at www.irs.gov/efile.		
b Employer identification number		1 Wages	, tips, other compens	ation	2 Federa	Il income tax withheld		
77-1212212			78224.53			9529.6		
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld		
Mckenzie-Richards and Sons			101466.49			7762.19		
57258 Atkinson Glen Suite 787 Kathrynstad OH 10438-5766			re wages and tips		6 Medicare tax withheld 2863.06			
			726.19 security tips					
			1466.49		• Allocati	98726.19		
d Control number			e EIC payment		10 Depen	dent care benefits		
2209098		• Advance	io Elo paymont		10 Depen	257		
e Employee's first name and initial Last name		11 Nonqua	alified plans		12a See in	structions for box 12		
		11	0		G	9066		
Dean Lynch		13 Statutory		Third-party	12b			
08165 Wilcox Ports Apt. 924		employee	plan	sick pay	н	246		
Kristinafort WV 82111-53	67	14 Other (s	see enclosed Notice	to Employee)	12c	1		
MILIBELINATOR NV SERIE SS	0.					400		
					12d	1		
					G	616		
f Employee's address and ZIP code								
15 State Employer's state ID number 16 State wages, tips, e	tc. 17 State income tax	18 L	ocal wages, tips, etc.	. 19	Local income tax	20 Locality name		
OH 021-83-463 36159.82	3630.48	85	435.7	13	3488.35	Cochran Heights		
CO 768-61-248 41772.18	2938.15	56	216.73	11	1029.91	Murphy Row		

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.

RF	ISSUED	a Employee's socia	I security number		This information is being furnished to the Internal Revenue Service. If you are required							
	TEMENT	17	7-37-3195	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	b Employer identification number			1 Wages, tips, other compensation			2 Federal income tax withheld					
77-1212212			78224.53			9529.6						
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld					
Mckenzie-Richards and Sons			101466.49			7762.19						
57258 Atkinson Glen Suite 787			5 Medicare wages and tips			6 Medicare tax withheld						
Kathrynstad OH 10438-5766				98726.19			2863.06					
					7 Social security tips			8 Allocated tips				
				101466.49			98726.19					
d Control nu	umber				9 A	dvance EIC payment		10 Depend	lent care be	enefits		
22	209098								257			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12						
Dean Lynch				110 13 Statutory Retirement Third-party			G 9066					
08165 Wilcox Ports Apt. 924			emple				246					
Kristinafort WV 82111-5367				14 Other (see enclosed Notice to Employee)			12c					
							400					
								12d	7			
								G	616			
	e's address and ZIP cod		1	1		T				1		
	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		ocal income tax		20 Locality name		
OH	021-83	-463	36159.82	3630.48		85435.7	13	488.35		Cochran Heights		
со	768-61	-248	41772.18	2938.15		56216.73	11	029.91		Murphy Row		

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

