REISSUED a Employee's social security				Safe,	Accurate,	E D	AH O	Visit the	IRS Website			
STATEMENT 614-08	3-2089	OMB No	o. 1545-00	008 FAST	Use	5	Tile)	at www.ii	rs.gov/efile.			
b Employer identification number	1 Wages, tips, other compensation				2 Federal income tax withheld							
71-5149828	242069.69				57622.4							
c Employer's name, address, and ZIP code	3 Social security wages				4 Social security tax withheld							
Jackson, Thomas and Evan	240970.57				18434.25							
96446 Samuel Flat Apt. 778				5 Medicare wages and tips				6 Medicare tax withheld				
Madisonburgh NM 36822-6190				307409.51				8914.88				
Madisonburgh NM 5002	7 Social security tips				8 Allocated tips							
	240970.57				307409.51							
d Control number				9 Advance EIC payment 10 Dependent care benefits								
8828589					128							
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12				
Caroline Harris			256				E 4764					
			13 Statutory Retirement Third-party employee plan sick pay				12b					
79063 Shelly Island Suite 801				oyee plan	sick pay			291				
South Michelle NV 12736-2084				Other (see enclosed	Notice to Employ	yee)	12c	İ				
							997					
							12d					
								290				
f Employee's address and ZIP code								•				
15 State Employer's state ID number 16 State	e wages, tips, etc. 17 St	ate income tax		18 Local wages,	tips, etc.	19 Loc	cal income tax	:	20 Locality name			
HI 067-14-732 1320	617.44 113	369.21		223124.	32	265	04.27		Shannon Forge			
GA 879-61-967 1158	892.34	8644.63		287868.36		387	52.58	Lee Alley				

Wage and Tax

5070

Department of the Treasury--Internal Revenue Service

Form W-2 **Statement**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	l security number	•										ice. If you are re	
ST	ATEMENT	61	4-08-208	39	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.									u if
b Employer identification number					1 Wages, tips, other compensation					2 Federal income tax withheld					
71-5149828					242069.69					57622.4					
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld						
Jackson, Thomas and Evans LLC					240970.57				18434.25						
96446 Samuel Flat Apt. 778					5 Medicare wages and tips					6 Medicare tax withheld					
<u>-</u>					307409.51					8914.88					
Madisonburgh NM 36822-6190				7 Social security tips					8 Allocated tips						
					240970.57					307409.51					
d Control number				9 Advance EIC payment					10 Dependent care benefits						
8828589										128					
e Employee's first name and initial Last name				11 Nonqualified plans					12a See instructions for box 12						
Caroline Harris					256 13 Statutory Retirement Third-party					E 4764					
79063 Shelly Island Suite 801				X	oyee	plan sick pay				291					
South Michelle NV 12736-2084				14 (Other (see	enclosed No	tice to Employ	yee)	12c		ı				
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	ee's address and ZIP cod		10.00	Para de	47. 00-1-1		40.1			140 1	12			00 1	
15 State	Employer's state ID nu		16 State wages,	• •	17 State income tax		3, , , .,			9 Local income tax			20 Locality nar		
HI	067-14	- / 32	132617.	44	11369.21	1.21		223124.32		26	26504.27			Shannon Fo	orge
GA	879-61	-967	115892.	34	8644.63		2878	868.36	j	38	752	. 58		Lee Ali	ley

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

