R	REISSUED	SSUED a Employee's social security number			Safe	Safe, Accurate, Visit the IRS Website							
ST	<b>TATEMENT</b>	46	59-05-6691	OMB N	o. 1545-0	0008 FAS	T! Use	G~	IIIE	at www.i	rs.gov/efile.		
<b>b</b> Employ	yer identification number				1	1 Wages, tips, other compensation			Federal income tax withheld				
	63-2044930					152847.07			42559.77				
c Employer's name, address, and ZIP code					3 Social security wages			4	4 Social security tax withheld				
Adams-Everett Group					159527.84				12203.88				
4966 Joel Villages					5 Medicare wages and tips			6	6 Medicare tax withheld				
	-					180342.11				5229.92			
'	West Mary	WI 04	134-3411		7 Social security tips				8 Allocated tips				
					159527.84				180342.11				
d Contro	ol number				9 Advance EIC payment			10	10 Dependent care benefits				
5103699									264				
e Employee's first name and initial Last name					11 Nonqualified plans			12	12a See instructions for box 12				
					258				н 5557				
	Heather Moreno				13 Statutory Retirement Third-party			12	b				
	265 Wilson Centers Apt. 802 Jessicafurt NC 62340-0139					employee plan sick pay  X  14 Other (see enclosed Notice to Employee)				122			
Dessicature NC 02340-0139									н	623			
									12d				
									P	005			
,									Р.	805			
15 State	yee's address and ZIP cod- Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	<u> </u>	18 Local wage	s. tips. etc.	19 Loca	l income ta	x	20 Locality name		
TN	634-02		71584.55	5932.62		137270			5.05		Butler Squares		
								†			†		
OK	910-29	-118	73334.83	4516.03		127772	. 22	2362	2.19		Jeffrey Plains		

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.

RE	REISSUED a Employee's social security number This information is being furnished to the Internal Revenue Service. If you are											
STA	TEMENT	4	69-05-6691	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	b Employer identification number					1 Wages, tips, other compensation			2 Federal income tax withheld			
63-2044930					152847.07			42559.77				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Adams-Everett Group					159527.84			12203.88				
4966 Joel Villages West Mary WI 04154-3411					5 Medicare wages and tips			6 Medicare tax withheld				
					180342.11			5229.92				
					7 Social security tips			8 Allocated tips				
					159527.84			180342.11				
d Control number					9 Advance EIC payment			10 Dependent care benefits				
51	5103699								264			
e Employee	s first name and initial	Last nam	е		11 Nonqualified plans			12a See instructions for box 12				
Heather Moreno 265 Wilson Centers Apt. 802				258  13 Statutory Retirement Third-party			H 5557					
				emp	oyee plan sick pay		E	122				
Jessicafurt NC 62340-0139					14 Other (see enclosed Notice to Employee)			12c	1			
								н 623				
								12d				
								P	805			
f Employee's address and ZIP code						I a a a a a a a a a a a a a a a a a a a	1.0.			Land III		
	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		ocal income ta	X	20 Locality name		
TN	634-02	2-147	71584.55	5932.62	137270.96		29	9625.05		Butler Squares		
OK	910-29	9-118	73334.83	4516.03		127772.22	23	622.19		Jeffrey Plains		

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

