R	REISSUED	a Employee's socia	•			Safe	, Accurate,	e D	AH C	Visit the	IRS Website	
ST	TATEMENT	64	14-31-6553	OMB N	o. 1545-0	008 FAS	T! Use	5	file	at www.i	rs.gov/efile.	
b Employer identification number					1 \	1 Wages, tips, other compensation			Federal income tax withheld			
64-2012709						166272.21			58377.16			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Jefferson-Pugh LLC					128392.82				9822.05			
924 Travis Fields Lake Ericfort WV 75543-8141					5 Medicare wages and tips				6 Medicare tax withheld			
					209588.7				6078.07			
					7 Social security tips				8 Allocated tips			
					128392.82				209588.7			
d Control number					9 Advance EIC payment				10 Dependent care benefits			
9382482									282			
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12			
	Dominique Cox 378 Heather Pine Suite 843				109				2158			
					13 Statutory Retirement Third-party				12b			
					employee plan sick pay					577		
	New Gregory SD 66085-8665					14 Other (see enclosed Notice to Employee)			12c			
New Gregory DD GGGGG GGG									E	667		
								-	12d			
										576		
f Employ	vee's address and ZIP cod	0						-		370		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages	s, tips, etc.	19 Lo	ocal income tax	(20 Locality name	
MN	859-92	-150	86316.17	6348.35		142784	.25	176	523.04		Baker Ke	
RI	973-70	-498	80397.35	7337.38		213354	19	293	372.84		Hart Flat	

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.

F	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
S	TATEMENT	64	44-31-6553	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 Emplo	b Employer identification number				Wages, tips, other compensation			2 Federal income tax withheld				
64-2012709					166272.21			58377.16				
c Emplo	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Jefferson-Pugh LLC					128392.82			9822.05				
924 Travis Fields					5 Medicare wages and tips			6 Medicare tax withheld				
					209588.7			6078.07				
	Lake Ericfort WV 75543-8141					7 Social security tips			8 Allocated tips			
						128392.82			209588.7			
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	9382482								282			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
	Dominique Cox					109			2158			
						13 Statutory Retirement Third-party						
	378 Heather Pine Suite 843				employee plan sick pay			577				
	New Gregory SD 66085-8665					14 Other (see enclosed Notice to Employee)			12c			
New diegoly bb ddddd dddd							E	667				
								12d				
									576			
f Emplo	oyee's address and ZIP co Employer's state ID n		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	10	Local income ta		20 Locality name		
			9			5 . , .			x			
MN	859-92	Z-15U	86316.17	6348.35		142784.25	Τ./	623.04		Baker Key		
RI	973-7	0-498	80397.35	7337.38		213354.19	29	372.84		Hart Flats		

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

