REISSUED a Employee's social security number			Safe, Accurate,			Visit the IRS Website			
STATEMENT 358-77-8419	OMB N	lo. 1545-00	08 FAST! Use		~file	at www.irs.gov/e	file.		
b Employer identification number	•	1 V	Vages, tips, other compensa	ation	2 Federa	I income tax withheld			
68-5486849			220108.99		75564.56				
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld			
Jones-Jones LLC			221707.88			16960.65			
6043 Kristina Terrace			Medicare wages and tips		6 Medicare tax withheld				
Wernershire KY 52049-7360			211340.83		6128.88				
			7 Social security tips			8 Allocated tips			
			221707.88			211340.83			
d Control number			9 Advance EIC payment			10 Dependent care benefits			
6241576					_	291			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12			
			111			P 5709			
Amber Freeman 3218 James Trail New Christopher SD 88622-25			13 Statutory Retirement Third-party employee Retirement Sick pay X 14 Other (see enclosed Notice to Employee)			1			
						913			
						1			
						611			
					12d				
						189			
						199			
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc.	17 State income tax	<u> </u>	18 Local wages, tips, etc.	19	Local income tax	20 Loc	ality name		
DE 448-67-282 106343.81	11270.53		211877.89	-	1159.71		am Fords		
NY 649-21-353 120417.8	9782.65		196691.07	31	1596.83	Vill	a Mews		

Wage and Tax

5070 **Statement** Form W-2

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.

REISSUED	a Employee's social	security number		This information is being furnished to the Internal Revenue Service. If you are required							
STATEMENT	35	8-77-8419	OMB N	OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be imposed of this income is taxable and you fail to report it.					e imposed or	ı you ii	
b Employer identification number			1 Wages, tips, other compensation				2 Federal income tax withheld				
68-5486849			220108.99				75564.56				
c Employer's name, address, and ZIP code			3 Social security wages				4 Social security tax withheld				
Jones-Jones LLC			221707.88				16960.65				
6043 Kristina Terrace			5 Medicare wages and tips				6 Medicare tax withheld				
Wernershire KY 52049-7360			211340.83				6128.88				
			7 Social security tips				8 Allocated tips				
			221707.88				211340.83				
d Control number				9	Advance EIC paym	ent		10 Depend	dent care be	enefits	
6241576								291			
e Employee's first name and in	e Employee's first name and initial Last name			11 Nonqualified plans				12a See instructions for box 12			
_					111			P	5709		
Amber	Freeman			13 Sta	,			12b			
3218 James Trail New Christopher SD 88622-25			employee plan sick pay				913				
			14 Other (see enclosed Notice to Employee)				12c	ı			
							611				
						-	12d				
									189		
						-		109			
f Employee's address and ZIP 15 State Employer's state II		16 State wages, tips, etc.	17 State income tax		18 Local wages,	tins etc	19 [ocal income tax	r	20 Locality	name
, ,,,	67-282	106343.81	11270.53		211877.	•		159.71	•	William	
440			112/0.33		2110//.	<u> </u>	121	109.11		MITITAL	rorus
NY 649-	21-353	120417.8	9782.65		196691.	07	31	596.83		Villa	Mews

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

