REISSUED a Employee's social security number			Safe, Accurate,	IRS 0	fle)		RS Website		
STATEMENT 108-20-8460	OMB N	o. 1545-0008	FAST! Use		ШБ	at www.ir	s.gov/efile.		
b Employer identification number		1 Wage	s, tips, other compensation	2	Federa	al income tax	withheld		
42-9761434			130115.04			40932.9			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld			
Mcdowell, Calderon and Andersen Ltd		162362.48			12420.73				
3391 Frazier Stream			5 Medicare wages and tips			6 Medicare tax withheld			
East Cherylside PA 11742-6951			134954.38			3913.68			
East Cheryiside FA 11/42-0951			security tips	8	8 Allocated tips				
			162362.48			134954.38			
d Control number		9 Advar	ice EIC payment	10	Depen	dent care be	nefits		
6819981						233			
e Employee's first name and initial Last name		11 Nonqualified plans			12a See instructions for box 12				
Marray Gallaghan		294			2854				
Megan Gallagher			Retirement Third- plan sick p)	i			
997 Fuller Creek			pian sick p	ay	P	446			
Ericafurt VT 10837-6525			(see enclosed Notice to En	nployee) 120	;	i			
					E	313			
				120	d	i			
					G	875			
f Employee's address and ZIP code						1			
15 State Employer's state ID number 16 State wages, tips,	etc. 17 State income tax	18	Local wages, tips, etc.	19 Local	income tax	x	20 Locality name		
WI 107-52-482 63046.0	5555.02	15	1352.72	1606	3.71		Hernandez Locks		
MS 685-59-105 64533.71	4577.36	15	6487.4	1818	7.85		Jonathan Crossroad		

Wage and Tax

Form W-2 Statement

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.

STATEMENT 108-20-8460 OMB No. 1545-0008 b Employer identification number 42-9761434 c Employer's name, address, and ZIP code Mcdowell, Calderon and Andersen Ltd 3391 Frazier Stream East Cherylside PA 11742-6951 d Control number 6819981 e Employee's first name and initial Pages, tips, other compensation 1 Wages, tips, other compensation 1 Social security wages 1 Social security wages 1 Social security wages 1 Social security tax withheld 134954.38 3 913.68 7 Social security tips 8 Allocated tips 1 62362.48 1 34954.38 9 Advance EIC payment 10 Dependent care benefits 2 33 e Employee's first name and initial Last name Megan Gallagher 997 Fuller Creek Erricafurt VT 10837-6525 In income is taxable and you fail to report it. 1 Wages, tips, other compensation 1 Boolia of the first name and tips 1 Medicare wages and tips 1 A Medicare wages and tips 2 A Medicare wages and tips 1 A Medicare wages and tips 2 A Medicare wages and tips 3 Social security wages 4 A Social security w	REISSUED	a Employee's social security number		This information is being furnished to the Internal Revenue Service. If you are required						
b Employer identification number 42-9761434 c Employer's name, address, and ZIP code Mcdowell, Calderon and Andersen Ltd 3391 Frazier Stream East Cherylside PA 11742-6951 d Control number 6819981 e Employee's first name and initial Bernologies first name and	STATEMENT	108-20-8460	OMB No.	MB 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.						
c Employer's name, address, and ZIP code Mcdowell, Calderon and Andersen Ltd 3391 Frazier Stream East Cherylside PA 11742-6951 d Control number 6819981 e Employee's first name and initial Particafurt VT 10837-6525 a Social security wages 1 Social security wages 1 162362.48 1 12420.73 5 Medicare wages and tips 1 34954.38 3913.68 7 Social security tips 1 162362.48 1 34954.38 3913.68 7 Social security tips 1 10 Dependent care benefits 2 33 1 Nonqualified plans 2 294 1 See instructions for box 12 2 294 1 Statutory Retirement Third-party sick pay plan plan sick pay plan sick pay plan sick pay plan plan sick pay plan sick pay plan sick pay plan plan plan plan sick pay plan plan plan plan plan plan plan plan	b Employer identification number									
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d Control number 6819981 e Employee's first name and initial Megan Gallagher 997 Fuller Creek Ericafurt VT 10837-6525 162362.48 134954.38 10 Dependent care benefits 233 11 Nonqualified plans 2854 13 Statutory Retirement Third-party sick pay P 446 14 Other (see enclosed Notice to Employee) 15 E 313				134954.38			3913.68			
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Megan Gallagher 997 Fuller Creek Ericafurt VT 10837-6525 Megan Gallagher 13 Statutory Retirement Third-party sick pay P 446 14 Other (see enclosed Notice to Employee) E 313 E 313	e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12			
997 Fuller Creek Ericafurt VT 10837-6525 P 446 14 Other (see enclosed Notice to Employee) E 313				294			2854			
997 Fuller Creek Ericafurt VT 10837-6525 Lambda Control of the Co	Megan Gallagher						12b			
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Ericafurt VT 10837-6525 E 313	997 Fuller Cleek							440		
	Ericafurt VT 10837-6525			14 C	other (see enclosed Notice to Employe	ee)	12C			
12d							E	313		
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f Employee's address and ZIP code	f Employee's address and ZIP cod	e				-				
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality nan	15 State Employer's state ID nu	mber 16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Lo	ocal income tax		20 Locality name	
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MS 685-59-105 64533.71 4577.36 156487.4 18187.85 Jonathan Cros	MG 685-50	-105 <i>64</i> 533 71	4577 36		156487 4	1 2 1	187 85		Jonathan Crossroad	

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

