REISSUED a Employee's so	ocial security number		Safe, Accurate,				Visit the IRS Website				
STATEMENT	476-50-5470	OMB N	o. 1545-00	08 FAST! Us	se 💮		e	at www.ir	s.gov/efile.		
b Employer identification number	nployer identification number			1 Wages, tips, other compensation			2 Federal income tax withheld				
72-6025644				193708.71			60119.79				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Bailey, Rose and Olson Inc			166648.46			1	12748.61				
44310 Jon Ports				5 Medicare wages and tips				6 Medicare tax withheld			
			175392.22				5086.37				
South Lindamouth KY 94528-0808				7 Social security tips				8 Allocated tips			
				166648.46			175392.22				
d Control number			9 Advance EIC payment			10 Dependent care benefits					
7983262							245				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Amy Morris			187				D 5163				
			13 Statutory Retirement Third-party			12b		l			
4509 Martin Forks Apt. 965				employee plan sick pay			E 423				
-				ther (see enclosed Not	ce to Employee)) 12c					
South Ericville MA 10247-0591							_	050			
							E 953				
						12d		Ī			
							D	620			
f Employee's address and ZIP code		_									
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,		9 Local inc			20 Locality name		
MT 806-44-707	95933.24	7737.58		192117.9	3	0379	.54		Hernandez Plains		
DE 861-45-319	98668.04	7710.36		199622.56	3	2209	. 61		Thompson Squares		

Wage and Tax Statement 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.

REISSU	IFD	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
STATEM		4	76-50-5470	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 Employer identification number			1	Wages, tips, other compensation	ian to	2 Federal income tax withheld					
72-6025644						193708.71			60119.79			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld					
Bailey, Rose and Olson Inc					166648.46			12748.61				
44310 Jon Ports					5	5 Medicare wages and tips			6 Medicare tax withheld			
South Lindamouth KY 94528-0808					175392.22		5086.37					
				7 Social security tips			8 Allocated tips					
				166648.46			175392.22					
d Control number				9 Advance EIC payment			10 Dependent care benefits					
7983262							245					
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12					
Amy Morris				187			D 5163					
				13 Stat			12b					
4509 Martin Forks Apt. 965				emp	loyee plan sick pay		E	423				
South Ericville MA 10247-0591				14	Other (see enclosed Notice to Employe	ee)	12c					
South Effective PAR 10247 0391			<u> </u>			E	953					
					-	12d	933					
							124	I				
							D 620					
f Employee's addre				_								
15 State Employ	yer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	-	ocal income tax		20 Locality name		
MT	806-44	-707	95933.24	7737.58		192117.9	30	379.54		Hernandez Plains		
DE	861-45	5-319	98668.04	7710.36		199622.56	32	209.61		Thompson Squares		

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

